

TOWN OF DURHAM - ETHICS COMMISSION

DURHAM TOWN HALL, 30 TOWNHOUSE ROAD, DURHAM, CT 06422

COMPLAINT PETITION – PAGE 1 OF 2

Print or type the following information:

Your Name:

.....

Your Address:

.....

Telephone Number(s):

.....

Email Address:

.....

1. What is the full name of the person you believe has violated the Town Code of Ethics?

.....

2. What position did this person hold at the time of the alleged violation?

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3. What **specific** section(s) of the Town Code of Ethics do you believe was violated?

.....

4. Date, time and place alleged violation(s) occurred:

.....

5. Provide details on the alleged violation. Attach a statement of facts and circumstances, names and addresses of any witnesses and/or persons involved.

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NOTE:

- 1) This complaint must be filed within 3 years from the date of the alleged violation.
- 2) This Complaint will not be effective unless it is properly signed, dated and witnessed, see (6) below.
- 3) The Durham Ethics Commission cannot act on any complaint that does not provide all the information requested on the Complaint Petition.
- 4) Once filed, the Complainant may not withdraw this Complaint.
- 5) The preliminary investigation into a complaint is confidential, unless the Respondent requests that it be open. Unless the Durham Ethics Commission advises you otherwise, the Complainant or Respondent shall not disclose the allegations in the complaint or any information supplied to or received from the Durham Ethics Commission during the investigation to any third party except as provided by appropriate statutory authority.

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- 6) This complaint must be sworn to before:
- a) A judge of a court of record;
 - b) A clerk or a deputy clerk of a court having a seal;
 - c) A Town Clerk;
 - d) A notary public;
 - e) An attorney admitted to the bar of this state; or
 - f) A Justice of the Peace

OATH:

I, the person bringing this Complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing Complaint and attachments thereto are true and correct to the best of my knowledge and belief.

Signature Complainant

WITNESS:

Sworn before me this ____ day of _____ of 20____. I hereby certify that I hold a position described in 6) above, and if I am a notary public, my authority expires on _____.

Signature of witness

Send by Certified Mail or hand-deliver this request to the:
Chairman, Durham Ethics Commission
Durham Town Hall, 30 Townhouse Road, Durham, Ct 06422

Durham Ethics Commission use only:

Date Received Town Hall	_____
Date received, Chairman DEC	_____
Date of DEC initial review	_____