



City of Middletown

CITY ATTORNEY'S OFFICE
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Middletown, CT 06457-1300
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BOARD OF ETHICS

CONFIDENTIAL COMPLAINT

Your Name:

Your title:

Your address:

Your phone number:

Please give us the following information about the person or persons you feel committed a violation of the Code of Ethics (from now on called the Respondent).

Respondent's Name:

Respondent's title:

Respondent's Address:

Respondent's phone
number:

Please tell us what happened. Please make sure to tell us what the Respondent did or did not do and why you feel this is a violation of the Code of Ethics. Please use additional pages if needed. Provide all information you have or know with this complaint. If you do not provide specific facts to allege a violation of the Code of Ethics, your complaint will be rejected by the Board.

Please tell us when this occurred. Please include the date and time.

Please tell us where this occurred.

Please give us the names, address and phone numbers of any other people who are/or were involved and describe their involvement.

Please give us the names, addresses and phone numbers of any other people who were witnesses to these events.

If this complaint was prepared with the assistance of counsel, please provide the name, address and phone number of such attorney.

The Board of Ethics cannot take action on your Complaint unless you sign the two acknowledgements below:

I hereby certify under penalties of false statement that the information provided above is true to the best of my knowledge.

Signed _____ Date _____

In understand that I may not disclose the fact that this complaint has been made nor disclose any of the information contained therein to anyone else unless and until a finding of probable cause is made by the Board of Ethics, in accordance with Sections 7-148h and 1-82a (a) – (e) of the Connecticut General Statutes or unless disclosure is requested by the Respondent.

Signed _____ Date _____