



TOWN OF EAST HADDAM - ETHICS COMMISSION

MUNICIPAL OFFICE COMPLEX, 1 PLAINS ROAD, P.O. BOX 385, MOODUS, CT 06469

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 Ethical Conduct?

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

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

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

5. What specific section(s) of the Town Code of Ethical Conduct do you believe was violated?

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 item 6)
- 3) The East Haddam Ethics Commission may not 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 will be held in executive session, unless the Respondent requests that it be open. Unless the East Haddam 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 East Haddam 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 one of the following:
- a) A judge of a court of record;
 - b) A clerk or deputy clerk of a court having a seal;
 - c) A commissioner of deeds or Town Clerk;
 - d) A notary public;
 - e) A justice of the peace;
 - f) An attorney admitted to the bar of the State of Connecticut.

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 of Complainant

CERTIFYING OFFICIAL:

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 Certifying Official

Send by Certified Mail or hand-deliver this request to the:
 Chairman, East Haddam Ethics Commission
 Municipal Office Complex, 1 Plains Road, P.O. Box 385, Moodus, CT 06469

East Haddam Ethics Commission use only:

Date Received at Municipal Office Complex _____

Date Received by Chairman of Ethics Commission _____

Date of Ethics Commission First Meeting _____