



CITY OF HURSTBOURNE ACRES
BOARD OF ETHICS

COMPLAINT FORM

1. Date of Complaint: _____

2. Name of Complainant: _____

3. Complainant Contact Information:

Address: _____

Telephone: _____ Fax: _____

Email: _____

4. I make this complaint under oath against _____
(City
Official/Employee)

who is _____
(Describe Official's title or job description)

I believe _____ has violated the city's Ethics

Ordinance No. 6 Series 1994 Section(s) _____

(Attach copies of pertinent documents, dates, fact and circumstances)

5. I agree to cooperate with persons assigned to investigate this complaint:

_____ YES _____ NO

6. I am willing to appear and testify if a public hearing is conducted on these charges:

_____ YES _____ NO

7. The facts in this complaint are true to the best of my knowledge and belief.

_____ YES _____ NO

8. **I understand pursuant to KRS 523.010 et seq, a false statement made under oath and without belief could affect the outcome of any proceeding before the Ethics Board.**

9. **Any person who knowingly files with the Board a false complaint alleging a violation of any provision of ordinance No. 6 Series 1994 by an officer or employee of the city or any city agency shall be guilty of a Class A. misdemeanor.**

VERIFICATION

Complainant

I _____ (the complainant), declare under oath
that
the above is true to the best of my knowledge.

_____ (Signature)

Dated this _____ day of _____ 20 _____

Subscribed and sworn to before me this day of _____ 20_____

My commission expires _____

