TOWN OF OLD SAYBROOK  
Ethics Commission  
302 Main Street • Old Saybrook, Connecticut 06475-1741  
Telephone (860) 395-3123 • FAX (860) 395-3125

COMPLAINT FORM

Date submitted: __________

I hereby request an Ethics Commission Hearing and decision concerning an alleged violation of the Old Saybrook Code of Ethics.

Name: __________________________ Tel: __________________________

Street: __________________________

Town: __________________________ State: ____ ZIP: ______

RELEVANT INFORMATION:-

A.- Provide the name, Town position held, and address of the person (or persons) you claim is in violation of the Code of Ethics of the Town of Old Saybrook.

B.- Identify the section (or sections) of the Code of Ethics which you claim have been violated.

C.- Describe in detail the facts and circumstances which give rise to your complaint, together with the date (or dates) of such claimed violations. (Attach and sign additional sheets if more space needed).

D.- List all documentation submitted in support of this complaint.

Signature: __________________ Date: __________

All information contained herein and materials submitted are made by the complainant under the penalties of false statement.

FOR ETHICS COMMISSION USE ONLY:
Received at meeting: (Date)____________ CASE NUMBER: ____

Probable cause meeting held on: (Date)________________________

Ethics\Form\397 Approved 13 June 1995