TOWN OF OLD SAYBROOK
Ethics Commission

302 Main Street • Old Saybrook, Connecticut 06475-1741
Telephone (203) 395-3123 • FAX (203) 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