



## Complaint of Violation of Code of Ethics

Please provide the information requested below and attach additional sheets if necessary.

1. Identify the person who is alleged to have violated the Ethics Code.

Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

2. Specific Code of Ethics Violation: **Section 2.50.030** \_\_\_\_ [insert applicable subsection's letter]

Go to <https://www.waterfordct.org/> (click on Ordinances/Policies) or contact the Town Clerk for a hard copy of the Ethics Code.

3. Provide a detailed explanation of the nature of the violation. Include dates, places and corroborating witnesses or documents, if any.


Signed by: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Acknowledgement:** State of Connecticut, County of \_\_\_\_\_, Town of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he, she, they) executed the same for the purposes therein contained. In witness thereof I hereunto set my hand.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Witness must be (1) a judge of a court of record, (2) a clerk or deputy clerk of a court having a seal, (3) the town clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney admitted to the bar of this state.*

**Submit this complaint in a sealed envelope. Mail or hand-deliver completed form to Ethics Commission c/o Town Clerk, 15 Rope Ferry Rd, Waterford CT 06385. Complaints must be kept strictly confidential to remain viable except upon the request of the respondent.**