

COMPLAINT FORM

Pursuant to Section 26 of the Hamilton County Code of Ethics

TO: The Hamilton County Board of Ethics

My name and address are:

I make the following complaint regarding a violation of the Hamilton County Code of Ethics to the Board of Ethics based on my own personal knowledge:

Attach additional sheets if necessary.

Check here if additional sheets are attached ()

Number of additional sheets _____

I UNDERSTAND THAT ANY KNOWINGLY MADE FALSE STATEMENT IS PUNISHABLE IN ACCORDANCE WITH THE PENAL LAW OF THE STATE OF NEW YORK.

Dated

Complainant Signature

Note: A completed complaint form is intended for the Board of Ethics only. No copies are permitted by anyone other than the Board of Ethics.