



# City of Salisbury

## Ethics Violation Complaint Form

### COMPLAINANT: (Individual filing the complaint)

Name	Telephone Number		
Email Address			
Street Address	City	State	Zip Code

### Instructions:

- Please identify the individual who you are alleging to have committed a violation (called the respondent);
- Present the facts of the situation detailing what violation(s) were committed and how they were committed (specific references to the City Ethics Ordinance are appreciated yet not required)
- Provide relevant details pertaining to the time, date, location of the alleged offenses and the names of individuals involved.
- Provide any relevant documentation on supporting your allegations. You may submit supplemental material to the Commission by attaching it to this form.
- Review Chapter 2.04 - Ethics of the City Code to familiarize yourself with the City's Public Ethics Ordinance

Explain in detail why you believe the individual named above may have violated the Public Ethics Ordinance. Attach an additional sheet of paper if necessary.

Attach or make reference to any documents, materials, minutes, resolutions or other evidence which support your allegations.

See next page for  
submission instructions.



# City of Salisbury Ethics Violation Complaint Form

**Please mail or deliver this completed form to:**

City of Salisbury Ethics Commission  
125 N Division Street  
Suite: 304  
Salisbury, Maryland 21801

If hand delivering, the City Clerk's Office can notarize the document for you free of charge.

Please call: (410) 548-3140 to schedule an appointment to have your complaint form notarized.

Complainant's Name

Date

Complainant's Signature

**State of Maryland**

County of \_\_\_\_\_, (county of  
notarization)

(Seal)

Sworn to before me this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires \_\_\_\_\_.