



City of Salisbury

City of Salisbury Ethics Violation Complaint Form

COMPLAINANT (INDIVIDUAL FILING THE COMPLAINT):

NAME:

ADDRESS:

PHONE:

EMAIL ADDRESS:

INSTRUCTIONS:

- Review Chapter 2.04—Ethics of the City Code to familiarize yourself with the City's Public Ethics Ordinance
- Identify the individual whom you are alleging to have committed a violation (Respondent)
- Present the facts of the situation detailing what violation(s) were committed (Specific references to the City Ethics Ordinance are appreciated.)
- Provide relevant documentation supporting your allegations. You may submit supplemental material to the Commission by attaching it to this form.
- Return to City of Salisbury Ethics Commission 115 S. Division St. Salisbury, MD 21801 or jturner@salisbury.md.

NAME OF OFFICIAL OR EMPLOYEE WHO IS SUBJECT OF THE COMPLAINT:

SECTION (s) OF THE ETHICS ORDINANCE BELIEVED TO HAVE BEEN VIOLATED:

Mayor's Office
115 S. Division St., Salisbury, MD 21801
410.548.3100
www.salisbury.md



City of Salisbury

DESCRIBE THE FACTS AND CIRCUMSTANCES TO SUPPORT THE COMPLAINT:

I hereby make this complaint under oath.

Complainant's Signature

Date

STATE OF MARYLAND COUNTY OF

(county of notarization)

(SEAL)

SWORN BEFORE ME THIS DAY OF ,

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Printed Name of Notary:

Notary Signature:

My commission expires:

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