

City of Salisbury Ethics Violation Complaint Form

COMPLAINANT (INDIVIDUAL FILING THE COMPLAINT):
NAME:
ADDRESS:

EMAIL ADDRESS:

PHONE:

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 egoebel@salisbury.md.

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

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



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 ,	20			
Printed Name of Notary:	Notary Signature:			
My commission expires:				
Mayon's Office				

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