##

Official Use Only:

Date Received:

**VERMONT STATE ETHICS COMMISSION**

**MUNICPAL COMPLAINT FORM**

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The Vermont State Ethics Commission has authority to accept, review, refer, and track complaints regarding alleged violations of the [Vermont Municipal Code of Ethics](https://ethicscommission.vermont.gov/sites/ethics/files/documents/Municipal%20Code%20of%20Ethics.pdf). 3 V.S.A. § 1223(b). Complaints accepted for referral will be sent to the appropriate municipality for investigation. 3 V.S.A. § 1223(b)(5).

Anonymous complaints cannot be accepted. 3 V.S.A. § 1223(a)(2).

**Your Contact Information**

Type or print clearly

Your name:

Address:

City/Town:

State: Zip: Email:

Telephone(s):

**Attach additional pages as necessary.**

1. Who is this complaint against? Include their name, job title or position, and municipality. Please file a separate complaint form for each person you are complaining against. If you are complaining against more than one person, and the same set of facts necessary to understand the complaint applies to each person, you may use a single form.

2. Date(s) of the alleged violation(s):

3. How has this person violated the provisions of the statewide [Municipal Code of Ethics](https://ethicscommission.vermont.gov/sites/ethics/files/documents/Municipal%20Code%20of%20Ethics.pdf)? Describe fully. Be specific and provide as much detail as possible. Attach any documentation that supports your claim.

4. Please indicate which provision(s) of the [Municipal Code of Ethics](https://ethicscommission.vermont.gov/sites/ethics/files/documents/Municipal%20Code%20of%20Ethics.pdf) you believe has been violated.

5. Provide the names and contact information for anyone else who may have information regarding this complaint.

6. Has the conduct you describe above been the subject of a prior complaint? If yes, please explain.

7. Is there anything else the Ethics Commission should know about this complaint?

**Attach additional pages as necessary.**

**I certify that the information provided in this complaint is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this complaint.**

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

(Signature – must be hand signed)

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**Submit to**: ethicscommission@vermont.gov. Enter “Complaint” in the subject line.

**If you wish to submit your complaint by regular mail, please email or call us first at (802) 828-7187**