

# Meade County Ethics Commission

## Complaint Form

Please type or print legibly, attach additional pages as necessary.

**Name of Complainant:** \_\_\_\_\_

**Address of Complainant:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

Telephone preference: Circle day or Evening

**Date complaint Form Completed:** \_\_\_\_\_

**Date of Alleged Violation:** \_\_\_\_\_

**Person or Entity which is the Subject of Your Complaint:** Please provide the name, title, department, and business or home address of the person you allege committed a violation of the Meade County Ethics Ordinance.

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**Type of allegation(s)** Please identify the type of misconduct which you allege. ( Prohibited Political Activity, Gift Ban, Conflict of Interest, etc). Please describe the misconduct briefly if you are unsure of a name for the activity.

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**Description of Facts.** Please state the facts which you believe support your opinion that there has been a violation of the Ethics Ordinance. Attach additional pages as necessary. Please provide specific dates and as much detailed information as you can.

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**Witness Information.** Please provide names, addresses and telephone numbers of persons who you believe have information which would confirm the matters which you have described and help the Commission evaluate this complaint. Please indicate which facts each person can corroborate.

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**Supporting Documentation.** Please attach copies of any documents which you possess that are related to the matter(s) about which you complain. If you are aware of other documents which are not in your possession and which relate to this Complaint, please list in the space below and indicate from whom those documents could be obtained. Please provide names and addresses if known.

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**Other Information or Related Complaints.** Please state any additional information which you think would assist the Commission in understanding and evaluating this Complaint. If you have made any other related complaints, please attach a copy or identify the official, agency, or judicial entity with which the complaint was filed.

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**Verification**

**I swear under oath and affirm under penalty of perjury under the laws of the Commonwealth of Kentucky that the matters set forth in this Complaint are true, correct and complete.**

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

\_\_\_\_\_  
Signature