

**MEADE COUNTY ETHICS COMPLAINT FORM**

**Please fill out your name and contact information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Information about the County Official/Employee you wish to file against:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Please describe the county official or county employee's conduct you believe is in violation of the Meade County Ethics Ordinance, and the provisions of the Ordinance which you believe have been violated. If the space provided here is insufficient, please use a separate piece of paper. Attach any documents relevant to the alleged ethics violation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I certify that the foregoing is true and correct to the best of my knowledge and belief. I agree to keep the complaint and related documents confidential as provided by the Ordinance until a decision is reached by the Meade County Ethics Commission.

Signature: \_\_\_\_\_

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