

SOMERSET COUNTY ETHICS COMMISSION

c/o Office of the County Attorney

Post Office Box 550

Princess Anne, MD 21853

**ETHICS COMPLAINT FORM**

Instructions:

- Please type or print the information requested.
- Use of this form is not mandatory, but all of the information requested below should be provided when a complaint is made.
- Anonymous complaints are not accepted.

Information about the Complainant:

Name of person making the complaint: \_\_\_\_\_

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

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

Telephone number(s):

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Preferred method of communication: \_\_\_\_\_

Information about the complaint:

Provide the specific provision of the Ethics Ordinance that you believe has been violated:

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Name of official or employee who is the subject of the complaint: \_\_\_\_\_

Describe the facts and circumstances that support the complaint. (Provide as much detail as possible. Attach additional pages if necessary.)

Witnesses:

Identify any witnesses who have personal knowledge of the facts and circumstances related to the complaint:

1. Name: \_\_\_\_\_

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

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

Telephone number(s): \_\_\_\_\_

Relevant information: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

Telephone number(s): \_\_\_\_\_

Relevant information: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_

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

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

Telephone number(s): \_\_\_\_\_

Relevant information: \_\_\_\_\_

\_\_\_\_\_  
I hereby affirm under the penalty of perjury that the contents of this complaint, including any attachments, are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date