



# Town of Deep River

## Municipal Ethics Commission

PO Box 1033 \* Deep River, Connecticut 06417

(860) 526-6024

### Complaint Form

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

I hereby request an Ethics Commission Hearing and decision concerning an alleged violation of the Deep River Code of Ethics.

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

Tel: \_\_\_\_\_

Street: \_\_\_\_\_

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

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### RELEVANT INFORMATION:

- A. Provide the name and Town position held of the person you claim is in violation of the Code of Ethics of the Town of Deep River. If your complaint is against more than one person, use a separate Complaint Form for each person.

Name (Respondent): \_\_\_\_\_ Position: \_\_\_\_\_

- B. Identify the section (or sections) of the Code of Ethics which you claim have been violated.

- C. Describe in detail the facts and circumstances which give rise to your complaint, together with the date (or dates) of such claimed violations. (Attach and sign additional sheets if more space is needed).

- D. List all documentation submitted in support of this complaint.

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

All information contained herein and materials submitted are made by the complainant under the penalties of false statement.

All information supplied to or received from the Commission during evaluation or investigation shall remain confidential, as specified by provisions of the Connecticut General Statutes, section 1-82a, in relation to operations of the Board of Ethics, unless the commission make a finding of probable cause for a hearing, or unless the respondent requests in writing that the entire record and any hearings be open to the public.



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### Send Completed Form to:

Chairman of the Ethics Commission  
PO Box 1033  
Deep River, CT 06417

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### FOR ETHICS COMMISSION USE ONLY:

Received at meeting: (Date) \_\_\_\_\_ Case Number: \_\_\_\_\_

Probable cause meeting held on: (Date) \_\_\_\_\_