



## TOWN OF MIDDLETOWN ETHICS COMPLAINT FORM

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

\_\_\_\_\_

Complainant's Telephone Number: \_\_\_\_\_

Complainant's e-mail address: \_\_\_\_\_

Specific Section(s) of the Ethics Ordinance that the Complainant believes to have been violated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the facts and circumstances giving rise to this Complaint (attach an additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### ETHICS COMMISSION

31 West Main Street • Middletown Maryland 21769 • 301-371-6171 • Fax: 301-371-6474

**Ethics Complaint Form Cont. (pg. 2)**

List of witnesses with personal knowledge of the described facts and circumstances  
(attach an additional sheet if necessary):

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

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

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

Relevant Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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

Relevant Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY MAKE THIS COMPLAINT UNDER OATH.

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

\_\_\_\_\_  
Date

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**ETHICS COMMISSION**

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