



**CLAYTON COUNTY
BOARD OF COMMISSIONERS
ETHICS BOARD COMPLAINT FORM**

**c/o County Clerk's Office
112 Smith Street
Jonesboro, GA 30236
770-477-4550**

E-Mail: ethical.complaints@claytoncountyga.gov

For Internal Use:

Date Stamp:

Complaint #:

ALLEGING A VIOLATION OF THE CLAYTON COUNTY ETHICS POLICY

I. FORM FOR WRITTEN COMPLAINT: Each complaint filed with the Board shall be in writing and notarized by the party filing the complaint. Each complaint shall state with specificity the following:

- ◆ The name and address of the person bringing the complaint
- ◆ The name and address of the party against whom the complaint is brought
- ◆ A clear and concise statement of facts upon which the complaint is based
- ◆ A reference to the applicable code sections of the County Ethics Policy deemed to be violated
- ◆ Any other information to support the allegations, including documents, names, dates, times, places, actions, and any other information or persons showing or having knowledge of the facts to support the allegations
- ◆ All exhibits must be clearly labeled and legible
- ◆ All exhibits must be referenced in the complaint
- ◆ The complaint number will be issued by the clerk, to be used for future reference

II. PERSON BRINGING COMPLAINT

Name:		
Address:		
City:	State:	ZIP:
Telephone Number:	E-Mail Address:	

III. PARTY AGAINST WHOM COMPLAINT IS BROUGHT

Name:		
Address:		
City:	State:	ZIP:
Telephone Number:	ALT. #:	
Title of office held or sought (If Applicable)		

IV. STATEMENT OF FACTS (attach additional pages if necessary):

V. IDENTIFY AND LIST THE RELEVANT SECTION(S) OF ETHICS POLICY:

VI. TOTAL NUMBER OF PAGES IN THE COMPLAINT (including exhibit(s)): _____
Exhibits attached: (Check) YES () NO () If yes, how many: _____

VII. FOR MORE INFORMATION, OR TO OBTAIN A COPY OF THE ETHICS POLICY, please visit the Clayton County Ethics Board webpage at www.claytoncountyga.gov (click on the magnifying-glass search icon and enter "Ethics"). The Ethics Policy may also be obtained from the County Clerk of Commission's office (a copy fee may be assessed).

Initial that you received a copy of the Ethics Policy: Initial _____ Date _____

VERIFICATION BY OATH OR AFFIRMATION

STATE OF _____ COUNTY OF _____

I, the undersigned Complainant, being duly sworn, affirm that the information in this Complaint is true, and correct to the best of my knowledge and belief.

Signature of Complainant

Sworn to and subscribed before me on the _____ day of _____, 20_____.

Signature of Notary Public

My Commission expires _____