

CITY OF SHEPHERDSVILLE

ETHICS VIOLATION COMPLAINT FORM

To the best of my knowledge, information and belief formed after reasonable reflection, I believe that the information given in this inquiry is true. I request the City of Shepherdsville Ethics Commission to evaluate the information given here and to take appropriate measures in accordance with the procedures outlined in the City of Shepherdsville Ethics Code, Ordinance #015-175.

Printed Name of Person Filing Complaint: _____

Home/work address of person filing complaint: _____

Home/work telephone, City, State, Zip code of Person Filing Complaint: _____

City officer, official, or employee that I wish the City of Shepherdsville Ethics Commission to review:

Name, Position or Job Title (if known): _____

Department or Agency Work Address (if known): _____

Work telephone (if known): _____

Please note: If you wish to file an inquiry about more than one person, you must file a separate inquiry form (and any attachments) for each person.

Please describe the facts that you believe constitute a violation of the City of Shepherdsville Code of Ethics in sufficient detail so that the Ethics Commission and the person who is the subject of the inquiry can understand the nature of the alleged violation. Give as much detail as possible, including approximate dates, names, etc. Add extra sheets if needed and attach copies of any pertinent documents.

Signature of Person Filing Complaint

Date

NOTE: A copy of the inquiry will be sent to the person who is the subject of the inquiry and may be made available to the public.