CITY OF MADISON ETHICS BOARD
COMPLAINT FORM

1. All complaints must be made in writing. Completion of this form is not required, but this form is designed to assist you in providing the required information. For more information please refer to the Ethics Board Procedures Manual and Madison General Ordinance Section 3.47. For additional information, contact The Office of the City Attorney at (608) 266-4511.
2. Complaints shall be directed to the attention of the Ethics Board at the City of Madison, c/o City Attorney's Office, 210 Martin Luther King, Jr. Boulevard, Room 401 City-County Building, Madison, WI 53703.
3. The complaint shall be made under oath and may be made on information and belief.

COMPLAINANT INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE	

SUBJECT OF COMPLAINT

NAME		
ADDRESS		
CITY	STATE	ZIP
POSITION/OCCUPATION		PHONE (if known)

The purpose of the Ethics Board is to see that the Code of Ethics as outlined in Section 3.47 of the Madison General Ordinances is uniformly applied to all City of Madison employees and officials. The areas of responsibility include, but are not limited to: (a) Fair and Equal Treatment, (b) Conflict of Interest, (c) Incompatible Employment, (d) Disclosure of Confidential Information, (e) Gifts and Favors, (f) Political Activity, (g) Campaign Contributions, (h) Disclosure of Economic Interests, and (i) Real Estate Disclosure.

NATURE OF COMPLAINT

Section Violated	

The facts constituting the alleged breach of ethics must be set forth in detail with clearness and certainty. Please reference specific sections within Madison General Ordinance 3.47 which you believe to have been violated. Attach additional sheets as required.

The undersigned, under oath, states that he or she has read the foregoing complaint and that the information contained in it is true and correct based on his or her personal knowledge, except for those matters alleged on information and belief and as to those matters, the undersigned believes them to be true and correct.

_____

Subscribed and sworn before me
this _____ day of _____.

_____
Notary Public

My Commission expires (is permanent)

_____ (*seal)*