



**CITY OF SOUTH FULTON
ETHICS BOARD COMPLAINT FORM**

c/o City Clerk
5440 Fulton Industrial Boulevard, SW
Atlanta, GA 30336
470-809-7272

<p>For Internal Use: Date Stamp: Complaint #: _____</p>
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ALLEGING A VIOLATION OF THE SOUTH FULTON 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 filing the complaint;
- ◆ The name and address of the party against whom the complaint is filed;
- ◆ A clear and concise statement of facts upon which the complaint is based;
- ◆ A reference to the applicable code sections of the City 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, use this number for future references;

II. PERSON BRINGING COMPLAINT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ (E-Mail): _____

III. PARTY AGAINST WHOM COMPLAINT IS BROUGHT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ (Alternate): _____

Title of office held or sought. (If applicable) _____

IV. STATEMENT OF FACTS:

State in your own words the detailed facts and the actions of the party named in Paragraph III upon which the complaint is based. Please identify the facts of the allegations that constitute one or more violations of the Ethics Policy of the City of South Fulton. The brief space provided below is not intended to limit your statement of facts. (Use additional sheets if necessary)

V. Identify and List the Section(s) of the Ethics Policy allegedly violated:

VERIFICATION BY OATH OR AFFIRMATION

STATE OF GEORGIA
COUNTY OF FULTON

PERSONALLY APPEARED before the undersigned officer, duly authorized to administer oaths, came the undersigned complainant, _____, who after having been duly sworn, states under oath that: 1) the undersigned complainant is a resident of the City of South Fulton and 2) that the statements in the foregoing complaint are true and correct to the best of his/her knowledge. The undersigned complainant further acknowledges that false statements made in this complaint may result in criminal and/or civil liability, including in a prosecution against them for false swearing, a felony under Georgia law. See O.C.G.A 16-10-71.

Signature of Complainant

Date

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

Signature of Notary Public

My Commission expires _____