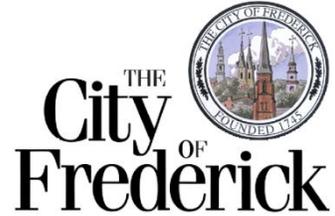


ETHICS COMPLAINT FORM



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):

ETHICS COMMISSION

101 North Court Street • Frederick Maryland 21701 • 301-600-1453 • Fax: 301-600-3840

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