



ETHICS COMMISSION COMPLAINT FORM

S A M P L E

For Official Use Only

****NOTE:** Filing a complaint which falsely accuses someone of a violation of the City of Corpus Christi Ethics Ordinance may result in criminal prosecution of anyone who knowingly makes a false declaration. (Texas Penal Code, Title 8. Offenses Against Public Administration, Chapter 37. Perjury and Other Falsification, § 37.02) All parts of this form must be completed and then submitted to the City of Corpus Christi City Secretary.

Please PRINT or TYPE all information requested on this form.

PART A – COMPLAINANT INFORMATION (*this identifies YOU as the Complainant)

Full Name _____

LAST FIRST MIDDLE

Address of Residence _____

NUMBER STREET CITY ZIP CODE

Business Address _____

NUMBER STREET CITY ZIP CODE

Contact Phone Number _____ (day) _____ (evening)

Double check all of the personal information. Please ensure you can be reached at one or both of these locations. Any mistake may be used as grounds to dismiss the complaint.

PART B – COMPLAINANT DECLARATION

I DECLARE I, _____, HAVE A COMPLAINT AGAINST:
(Print Your Full Name)

Full name of person against whom you are alleging violated the City of Corpus Christi Ethics Ordinance:

The above listed person is: (please check one and complete the last box)

	Position with City	Department/Office	Title of Individual
<input type="checkbox"/>	Elected Official	City Council	
<input type="checkbox"/>	Appointed Official	Board or Commission	
<input type="checkbox"/>	Employee	Department	

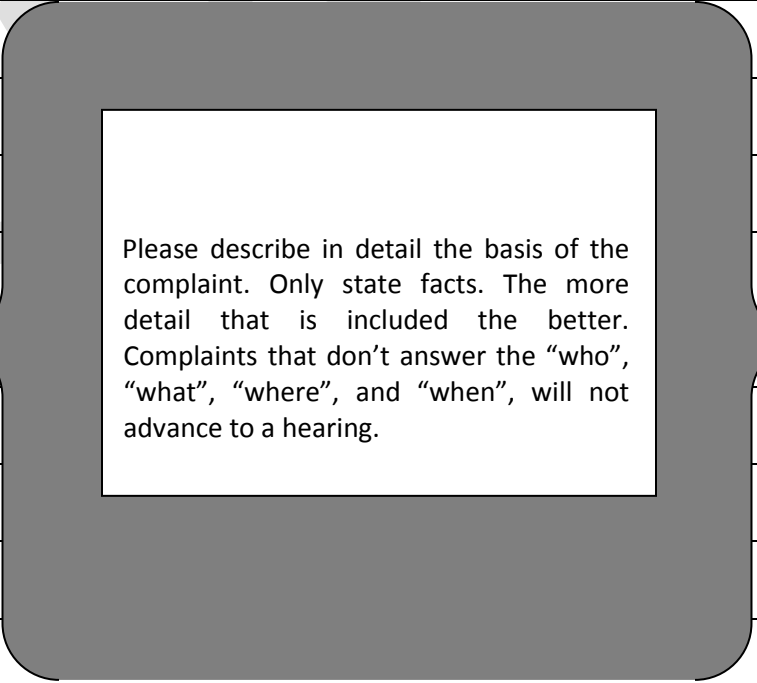
Select the position, department, and title of the individual. Select only one person per form. If filling complaints against multiple individuals, fill out each person's form separately. Complaints with multiple individuals will be dismissed.

PART C – STATEMENT OF COMPLAINT

State the alleged unethical behavior or actions of the person whom this complaint is against.

PART D – SUPPORTING FACTS (required)

Provide a statement of the facts upon which your complaint is based. **This is required because the “burden of proof” is with the Complainant.** Describe the events in the order in which they occurred. Keep dates of the events in sequence. Include full names, addresses and phone numbers of all individuals involved, including any witnesses present when the alleged violation(s) took place. Be factual; the information you provide in this statement must be based on facts and not on personal conjecture. Try to answer the questions, “who”, “what”, “where”, and “when”. (Be specific when alleged violation occurred and when you learned about it.) Attach extra sheets if more space is required.



Please describe in detail the basis of the complaint. Only state facts. The more detail that is included the better. Complaints that don't answer the “who”, “what”, “where”, and “when”, will not advance to a hearing.

PART E – ETHICS ORDINANCE CODE VIOLATIONS

List the sections and paragraphs of the Code of Ethics’ provisions you believe to have been violated:

Be as specific as possible.

PART F – SOURCES AND ATTACHMENTS OF EVIDENCE

List the sources, if any, of your facts and evidence. Attach all evidence in support of your facts you believe should be considered by the Ethics Commission. Submit all information you have; attach photocopies of any pertinent papers or documentation to support your complaint. Enter “none” if you have no sources or attachments for this complaint.

When deciding the validity of complaints, only evidence attached to the complaint will be considered. Please attach evidence with the complaint.

PART G

My name is _____(First) _____ (Middle) _____ (Last), my date of birth is _____, and my address is _____ (Street) _____ (City) _____ (State) _____ (Zip Code), and _____ (Country). I declare under penalty of perjury that the information provided by me herein is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, _____.

Declarant

Should you have any questions concerning this form or require additional information on the complaint review process, please contact the City Secretary's Office at (361) 826-3105 during regular business hours (8:30 am to 5:00 pm; Monday – Friday)

Upon completion of **ALL** sections of the Complaint Form, please either **hand-deliver** or send by **certified mail** with any attachments to:

**Office of the City Secretary
City of Corpus Christi
P.O. Box 9277
Corpus Christi, TX 78469**