



CITY OF TRENTON ETHICS BOARD COMPLAINT FORM

Use of this form is requested, but is not mandatory. Any writing fully setting out your complaint will suffice. Please attach additional pages for any question which requires more room than provided on this form. Within 30 days of receipt of your complaint, the Board will acknowledge receipt and initiate an investigation. You will also receive notice of the results of the investigation when it is completed.

Please mail your complaint, along with copies of any supporting information, to

Trenton Ethics Board
% Office of the City Clerk
319 East State Street
Trenton, New Jersey 08608

1. My name is _____

2. I reside at _____

3. My telephone number is _____

and my email address is _____

4. My relationship to the City of Trenton is (e.g. resident, employee, business owner)

If I am a local government officer or employee, I am _____

5. I am filing a complaint against (name) _____

who is the (position) _____

6. My complaint is (set forth in detail the pertinent facts surrounding the alleged violation, including the date and place of the alleged violation)

7. Other individuals who have or may have information about this matter are _____

8. This complaint concerns me in some way. Yes No. If yes, I have the following relationship to the subject of this complaint _____

9. I am providing the following written or documentary evidence in my possession (please attach copies, not originals) _____

10. Please identify the section of the City of Trenton Code of Ethics which you believe has been violated (You may find the Code on the City's web site) _____

11. The following action has been taken in an attempt to resolve the issue _____

12. Is the issue the subject of pending litigation elsewhere? Yes No. If yes, provide identifying information _____

13. The best time to contact me is _____ at the phone number _____
above, or at this alternate number _____

Signature of Complainant

Date _____