



ETHICS COMPLAINT FORM

Please PRINT or TYPE all information requested on this form

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

Full Printed Name: _____
LAST FIRST M.I. (optional)

Home Address: _____
NUMBER STREET CITY ZIP

Alt. Address (opt.): _____
NUMBER STREET CITY ZIP

Contact Phone Number (PRIMARY): _____ (OTHER): _____

PART B – COMPLAINANT DECLARATION

I HEREBY DECLARE that I, _____, have a complaint against
(Print Name)

the following person(s): _____
(Print Name(s))

Provide Department and Title Information

_____ Elected Official / Title: _____

_____ Appointed Official / Title: _____

_____ Candidate for Office / Office Sought: _____

_____ Employee / Department & Title: _____

PART C – PERSONS WITH RELEVANT KNOWLEDGE OF THE ALLEGED VIOLATION

Person # 1:

Name: _____

Address: _____

Phone: _____

Knowledge: _____

Person #2:

Name: _____

Address: _____

Phone: _____

Knowledge: _____

Person #3:

Name: _____

Address: _____

Phone: _____

Knowledge: _____

Person #4:

Name: _____

Address: _____

Phone: _____

Knowledge: _____

(Continued on Next Page)

PART E – ETHICS ORDINANCE CODE VIOLATIONS

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

PART F – SOURCE OF EVIDENCE

Identify sources of evidence, if any, you believe should be considered by the Ethics Commission and attach copies of any pertinent information you have to support your allegation(s).

STATE OF TEXAS §

COUNTY OF BEXAR §

BEFORE ME, the undersigned authority, on the ____ day of _____, 20 ____, personally appeared, _____, known to me to be the person whose name is subscribed hereto, and being duly sworn stated that he/ she has personal knowledge:

“I certify that I have read this complaint, I fully understand its contents, and I declare under penalty of perjury under the laws of the State of Texas (Texas Penal Code § 37.02), that the foregoing statements and photocopies of attached documents are true and correct. I understand that a copy of this complaint will be sent to the Chair of the Ethics Commission and to the individual charged in this complaint and that all papers and communications relating to this complaint must be treated as confidential to the extent allowed by law.”

(SIGNATURE)

My name is _____, my date of birth is _____, and my address is _____. I declare under penalty of perjury that the foregoing is true and correct.

Executed in Bexar County, State of Texas, on the ____ day of _____, 20 ____.

NOTARY SEAL

Signature: _____

Printed Name: _____

My Commission Expires: _____

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

Office of the City Secretary
City of Windcrest
8601 Midcrown Drive
Windcrest, TX 78239