

COMPLAINT FORM

Please provide the following information about yourself:

Your Name	Telephone Number
Email Address	
Street Address	City
State	Zip Code

Instructions:

- Clearly identify each person, committee, or group that is alleged to have committed a violation (called the respondent);
- Clearly recite the facts that show specific violations under the Board's jurisdiction (citations to the law, ordinances or statutes are not necessary, but helpful);
 - Be as specific as possible as it relates to dates, times, and individuals involved.
- Differentiate between statements based on the complainant's (the person who files the complaint) personal knowledge and those based on information and belief. Statements not based on personal knowledge should identify the source of the information, if known;
- Include any and all documentation supporting the allegations, if available; and
- Use as many separate pages as needed and attach copies of any supporting documentation.

Please send this completed form to:

Email:

mbohse@cityofmiddleton.us

Fax:

608-827-1057

Mail:

City of Middleton
Human Resources Manager
City Hall
7426 Hubbard Avenue
Middleton, WI 53562

**City of Middleton
Before the Ethics Board**

The Complaint of _____,

Complainant(s) against _____,

Respondent, whose address is _____.

I, _____, allege that:

I, _____, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those statements on information and belief, I believe them to be true.

Date: _____

Complainant's Signature

STATE OF WISCONSIN
COUNTY OF _____
(county of notarization)

Sworn to before me this ____ day of
_____, 20____.

(Signature of person authorized to administer oaths)

My commission expires _____, or is permanent.
Notary Public or _____
(official title if not notary)