City of West Haven Ethics Board Complaint Form

Please file this completed document with the City Clerk's Office located on the first floor of West Haven City Hall OR if you are making an online complaint, please forward the completed online form to the Board of Ethics Chairperson:
RTracy@westhaven-ct.gov

- Your name and contact information will remain confidential. Please fill in at least one of the contact fields below so a member of the Board of Ethics can contact you for further information, if necessary, and to update you on the outcome of the case.

- Complaints, including any exhibits, may be submitted electronically, or addressed to the board and marked "Ethics Complaint-Confidential." A sealed envelope shall be delivered to the City Clerk either by hand or by certified mail, return receipt requested. The complaint shall be deemed to have been filed on the date of its receipt by the City Clerk and the City Clerk shall treat the complaint as a confidential document. The City Clerk shall issue a dated, signed receipt to the complainant, upon request.

- The City Clerk shall not open the sealed envelope but shall notify the chair within 24 hours after receipt and arrange for its prompt delivery to the chair.

- All complainants must review and sign an acknowledgment of **Conn. Gen. Stat. 53a-157b - False Statement**, prior to submitting a complaint.

Section I - Complainant Information

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code** _____

Phone Number: _____ **Email Address:** _____

Section II - Complaint Information: Please provide all available information about the person(s) or entity(s) you believe potentially may have been involved in an ethics violation.

This person or entity is a: West Haven City Official, an Employee or Other (Explain)

Person's or Entity's Name: _____

Person's Position with City (if applicable): _____

Name and Address of Person/Business/Organization: _____

_____

Phone Number: _____ Email address: _____

(If additional people need to be listed, please attach additional pages if necessary)

<u>Section III - Details of the incident (s)</u>: *The more details you provide, the better we may investigate your complaint. Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate, including letters, e-mails, photographs, video or audio tapes, etc…*

Date of incident: _____ **Approximate time of incident**: _____

Location(s) of incident: _____

<u>Narrative/Description of Event</u>:

Narrative (continued):

Section IV: Witness Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Email Address: _____

(If additional people need to be listed, please attach additional pages if necessary)

Section V: Video or Audio Evidence:

Any supporting videos or audio files should accompany the hard copy complaint.

Section VI: Miscellaneous:

Are you able to read, write and speak the English Language? YES ☐ NO ☐

If your answer to the above question is NO, have you been provided with adequate language assistance to help you in understanding and completing this form?

Section VII: Affirmation of Statement:

Please type your name in the space below to electronically sign your Online Ethics Complaint Form and acknowledge CGS 53a-157b – False Statement:

Sec. 53a-157b. False statement: Class A misdemeanor. (a) A person is guilty of false statement when such person (1) intentionally makes a false written statement that such person does not believe to be true with the intent to mislead a public servant in the performance of such public servant's official function, and (2) makes such statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

I SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY and CGS 53a-157b -FALSE STATEMENT - THE CONTENTS OF THIS COMPLAINT FORM AND OF ANY ACCOMPANYING INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Today's Date: _____

Signature Affirmation: _____

I hereby acknowledge that my actual signature and/or typed name above (for online complaint) shall serve as my sworn affirmation that my complaint is truthful to the best of my knowledge.