

ETHICS REVIEW COMMISSION  
CHAPTER 2-7 CITY CODE

COMPLAINT

NAME OF PERSON(S) FILING COMPLAINT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

[PLEASE FILE A SEPARATE COMPLAINT FOR EACH PERSON COMPLAINED AGAINST]

NAME OF PERSON COMPLAINED AGAINST \_\_\_\_\_

CITY OFFICE, DEPARTMENT, COMMISSION: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER [IF KNOWN] \_\_\_\_\_

[PLEASE LIST EACH VIOLATION SEPARATELY]

I.

SECTION OF ETHICS ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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II.

SECTION OF ETHICS ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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III.

SECTION OF ETHICS ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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[IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK PAGE USING THE SAME FORMAT]

ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

DATE: \_\_\_\_\_

COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to certify which witness my  
hand and official seal.

\_\_\_\_\_  
Notary Public in and for the State of Texas

\_\_\_\_\_  
Typed or Printed Name of Notary