



City of Rockville Ethics Commission
ETHICS COMPLAINT FORM (p. 1 of 2)
Code Reference: Section 16-3(j)

Complainant's Name: _____

Complainant's Address: _____

Complainant's Telephone Number: _____

Complainant's Email Address: _____

Description of the facts and circumstances giving rise to this complaint (attach an additional sheet if necessary):

ETHICS COMMISSION

Address: 111 Maryland Avenue. Rockville, Maryland 20850. Tel: 240-314-8280



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ETHICS COMPLAINT FORM (p. 2 of 2)

Specific Section(s) of City's Public Ethics Ordinance that the Complainant believes has or have been violated:

I hereby affirm, under the penalties of perjury, that the contents of the foregoing complaint are true and correct to the best of my information, knowledge and belief.

Complainant's Signature:

Date:

Print Name:_____

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