

McHENRY COUNTY ETHICS COMMISSION

Complaint Form

Please type or print legibly, attaching additional pages as necessary.

Name of Complainant: _____

Address of Complainant: _____

Day Phone: (____) _____ **Evening Phone:** (____) _____

Telephone Preference: Day or Evening (circle)

Date Complaint Form Completed: _____

Date of Alleged Violation: _____

Under McHenry County Ethics Ordinance Section 6, the Complaint must be filed within 1 year of the violation.

Person or Entity which is the Subject of Your Complaint. Please provide the name, title, department and business or home address of the person you allege to have committed a violation of the McHenry County Ethics Ordinance.

Type of Allegation(s). Please check the box(es) which identify the misconduct you allege.

Prohibited Political Activity (McHenry County Ethics Ordinance Section 3)

Gift Ban (McHenry County Ethics Ordinance Section 4)

Unsure. Failing to identify the correct Ordinance section will not prevent the consideration of your Complaint.

Other Information or Related Complaints. Please state any additional information which you think would assist the Commission in understanding and evaluating this Complaint. If you have made other related Complaints, please attach a copy or identify the official, agency or judicial entity with which the Complaint was filed.

VERIFICATION

I swear under oath and affirm under penalty of perjury under the laws of the State of Illinois that matters set forth in this Complaint are true, correct and complete.

Date: _____

Signature

Sworn to and subscribed before me this
_____ day of _____, 20__

Notary Public