

CONFIDENTIAL

TOLLAND CODE OF ETHICS COMPLAINT FORM

[Please Print or Type]

Complainant Name:	
Street Address:	
Town, State, ZIP:	
Telephone No.:	
Email Address:	
<p>I hereby certify under penalty of false statement that the following statement describing a possible violation of the Tolland Code of Ethics is true and accurate to the best of my knowledge and belief.</p> <p>Signature: _____ Date: _____</p>	

**Note:** This complaint will not be considered filed without the name, address and original signature of the Complainant. Mail or hand-deliver this complaint to:

Town of Tolland  
Town Manager's Office  
Attn: Ethics Commission  
21 Tolland Green  
Tolland, CT 06084

Complaints will **not** be accepted electronically or by fax.

Once filed, this complaint may not be withdrawn by the Complainant except with permission of the Tolland Ethics Commission.

The Tolland Ethics Commission's preliminary investigation of a complaint is confidential unless the Respondent requests that it be open to the public. Unless the Tolland Ethics Commission advises otherwise, the allegations in the complaint and any information supplied to or received from the Tolland Ethics Commission may not be disclosed to any third party by the Complainant, Respondent, witness, designated party or the Tolland Ethics Commission.

## TOLLAND CODE OF ETHICS COMPLAINT FORM / PAGE 2 OF 2

Names(s) of respondent (accused) in alleged violation of the Tolland Code of Ethics:	
Respondent Name:	
Street Address:	
Town, State, ZIP:	
Telephone No.:	
Email Address:	
Town Employee:	__ No / __ Yes, if Yes, state position:
Town Official	__ No / __ Yes, if Yes, state position:

  

Respondent Name:	
Street Address:	
Town, State, ZIP:	
Telephone No.:	
Email Address:	
Town Employee:	__ No / __ Yes, if Yes, state position:
Town Official	__ No / __ Yes, if Yes, state position:

The respondent(s) allegedly violated the Tolland Code of Ethics as follows: Please be as specific as possible with regard to time, place, actions and other person involved. Attach additional pages(s) if necessary.

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Please indicate under what sections(s) of the Tolland Code of Ethics this Complaint is made:

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For Ethics Commission Use Only:

Date Received: \_\_\_\_\_ Attachments included \_\_ No / \_\_ Yes    Complaint No. \_\_\_\_\_