

CONFIDENTIAL

Town of Newington, Connecticut

ETHICS COMPLAINT FORM

(In accordance with Newington Code of Ordinances, Chapter 32, Code of Ethics)

A complaint must contain credible information supporting the allegation(s) that there has been one or more violations of the Code of Ethics.

A complaint must be filed with the Board of Ethics within one (1) year of the date the violation is alleged to have been committed.

A complaint will not be considered filed without the name, address, and **original** signature of the Complainant. **Anonymous complaints will not be considered.** Mail or hand-deliver the complaint in a sealed envelope marked **Confidential** to:

Board of Ethics
c/o Newington Town Manager
Confidential
Town of Newington
131 Cedar Street
Newington, CT 06111

To protect the confidentiality of a complaint, complaints will **not** be accepted electronically or by fax.

If any complaint is made with the knowledge that it is made without foundation in fact, the Respondent shall have a cause of action against the Complainant who signed the written complaint for damages caused thereby, and if the Respondent prevails in such action, he may be awarded by the court the costs of such action together with reasonable attorney's fees.

The Board of Ethics' receipt and investigation of a complaint is **confidential** unless the Respondent requests that it be open. The confidential complaint, including knowledge of the existence of a complaint, and any information supplied to or received from the Board of Ethics **may not be disclosed** to any third party by the Complainant, Respondent, any person contacted for the purpose of obtaining information, legal counsel, witness, designated party, or Board or staff member, unless said confidentiality had been waived by the Respondent.

I have read the above and understand that I am signing this complaint under penalty of false statement and that I must keep this complaint confidential.

Your Signature

Date

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Complainant (Print Your Name): _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Person you are filing a complaint against:

Respondent Name (Print): _____

Street Address: _____

City, State, Zip Code: _____

Description of conduct by Respondent and section of Ethics Ordinance alleged to have been violated:

(Please attach additional sheets if needed.)