



City of Glasgow
Code of Ethics Committee
126 East Public Square, Suite 100
Glasgow, KY 42141
Phone 270-651-5131
Fax 270-651-2511

ETHICS VIOLATION COMPLAINT FORM

1. Date of Complaint: _____

2. Name of Complainant: _____

3. Complainant Contact Information:

Address: _____

Telephone: _____ Fax: _____

Email: _____

4. I make this complaint under oath against _____

who is _____

(Describe job description or title)

I believe _____ has violated the City of Glasgow

Ethics Ordinance No. 2021-2983

(Attach copies of pertinent documents, dates, facts and circumstances)

5. I agree to cooperate with persons assigned to investigate this complaint:
 YES NO

6. I am willing to appear and testify if a public hearing is conducted on these charges:
 YES NO

7. The facts in this complaint are true to the best of my knowledge and belief.
 YES NO

8. **I understand that pursuant to KRS 523.010 et seq, a false statement made under oath and without belief which could affect the outcome of any proceeding before the Ethics Board, is a crime punishable by fine and imprisonment. I further understand that pursuant to Glasgow City Code section 39.68(f) any person who knowingly files with the Board a false complaint alleging a violation of any provision of Ordinance No. 2021-2983 Code of Ethical Conduct, by an officer or employee of the City or any City agency shall be guilty of a Class A misdemeanor.**

VERIFICATION

Complainant

I _____ (the complainant), having been duly sworn, declare under oath that the above is true to the best of my knowledge.

(Signature)

Dated this _____ day of _____, 20 _____

County of: _____ State of: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____ Notary ID: _____

Return completed form and all documentation to:

Glasgow City Hall
 Records Custodian
 Glasgow City Clerk
 126 East Public Square
 Glasgow, KY 42141