

City of Colorado Springs, Colorado

INDEPENDENT ETHICS COMMISSION

Formal Complaint

Date Submitted: _____

1. Name of person(s) submitting this Complaint: _____

Complete Address: _____

Daytime Phone No.: _____

Email: _____

2. Name of person(s) alleged to have violated the Code of Ethics:

Complete Address: _____

Daytime Phone No: _____

Email: _____

3. Please include a full description of the facts which are alleged to constitute a violation of the Code of Ethics:

(Attach additional pages if necessary)

4. List of persons who have knowledge of such facts:

Name: _____

Complete Address: _____

Daytime Phone No.: _____

Email: _____

Name: _____

Complete Address: _____

Daytime Phone No.: _____

Email: _____

Name: _____

Complete Address: _____

Daytime Phone No.: _____

Email: _____

VERIFICATION

The undersigned hereby certifies or affirms that the information contained within this complaint is true to the best of my knowledge, information, and belief. I have not filed this complaint for the purpose of harassment or to falsely disparage the individual(s) claimed to have committed violations of the Code of Ethics.

Signature: _____

Submit Complaint Form to:

cityatty@springsgov.com

Or:

City Attorney's Office
30 S. Nevada Ave., Suite 501
Colorado Springs, CO 80903