

Anne Arundel County Ethics Commission
Heritage Office Complex
2666 Riva Road; Suite 160
Annapolis, Maryland 21401
410-222-4412 (Telephone) / 410-222-4414 (Facsimile)

COMPLAINT

1. Complainant:

Name: _____
(First Name, Middle Initial, Last Name)

Address: _____
(Home or Work)

Telephone: _____
(Home or Work)

2. Respondent(s):

(Name) (Address or Telephone, if known) (County position held)

(Name) (Address or Telephone, if known) (County position held)

3. Complainant believes that the acts described below constitute a violation or violations of the Public Ethics Law (use additional paper as needed):

4. Complainant believes that the above-described acts constitute a violation or violations of the following sections of the Public Ethics Law (if known):

5. In support of the allegations set forth in paragraphs 3 and 4 above, Complainant attaches the following documents, or in the absence of those documents, describes them as follows (use additional paper as necessary):

OATH AND SIGNATURE

I do solemnly declare or affirm under the penalties of perjury that the contents of this Complaint, including any attachments thereto, are true and correct to the best of my knowledge, information, and belief.

Date

Signature of Complainant

REQUIREMENT OF CONFIDENTIALITY

I acknowledge and agree that upon the filing of a complaint with the Anne Arundel County Ethics Commission and pursuant to Article 7-4-106, I may not disclose any information relating to the complaint, including the identities of the parties. I further acknowledge that if I violate the confidentiality provisions above-cited, the ethics commission may dismiss the Complaint.

Date

Signature of Complainant