



# THE CITY OF BRUNSWICK MARYLAND

1 WEST POTOMAC STREET · BRUNSWICK, MARYLAND 21716 · (301) 834-7500

## **ETHICS COMPLAINT FORM**

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Complainant's Telephone Number: \_\_\_\_\_

Complainant's E-mail Address: \_\_\_\_\_

Description of the facts and circumstances giving rise to this Complaint (attach an additional sheet if necessary):

---

---

---

---

---

---

List of witnesses with personal knowledge of the described facts and circumstances (attach an additional sheet if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relevant Information: \_\_\_\_\_

---

---

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relevant Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, TO WIT:

I HEREBY CERTIFY that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, a Notary Public of the State of \_\_\_\_\_, in and for \_\_\_\_\_ County, personally appeared \_\_\_\_\_, who made oath in due form of law and affirmed under the penalties of perjury that the matters and facts set forth above in this Ethics Complaint Form are true and correct to the best of his/ her knowledge, information and belief.

AS WITNESS my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_