CONFIDENTIAL
TALBOT COUNTY ETHICS COMMISSION COMPLAINT FORM
Talbot County Court House
11 N. Washington Street
Easton, Maryland 21601
(410) 770-8010

Your Name: _____
First Middle Initial Last

Your Address: _____
Street

_____
City State Zip Code Home Phone

WHERE CAN YOU BE REACHED DURING THE DAY? _____

WHAT PROVISION OF THE CODE OF ETHICS DO YOU BELIEVE HAS BEEN VIOLATED?
_____

LIST THE NAME(S) OF THE COUNTY OFFICER(S) OR EMPLOYEE(S) INVOLVED:

1)_____ 3)_____

2)_____ 4)_____

LIST THE NAME(S) AND ADDRESS(ES) OF ANY OTHER(S) WITH KNOWLEDGE OF THE MATTER ABOUT WHICH YOU ARE COMPLAINING:

1)_____ 2)_____

_____ _____

WHAT IS YOUR COMPLAINT? PLEASE DESCRIBE IN YOUR OWN WORDS AND PROVIDE AS MUCH DETAIL AS POSSIBLE (ATTACH EXTRA PAPER IF NECESSARY):

_____

_____

_____

I SOLEMNLY SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS COMPLAINT, INCLUDING ANY ATTACHMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

_____
Your Signature Date

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of Maryland, County of _____, this ____ day of _____, 2005.

_____
Notary Public