

CONFIDENTIAL TALBOT COUNTY ETHICS COMMISSION COMPLAINT FORM P.O. Box 1186 Easton, Maryland 21601

Name:			
	First	Middle Initial	Last
Addres	ss:		
	Street		
	City	State	Zip Code
Where	can you be reached dur	ing the day?	
		Phone numl	per
What p	provisions of the Code o	Ethics do you believe has bee	en violated?
List the	e Name(s) of the County	Officer(s) or Employee(s) invo	olved:
1.			
2.			
3.			
4.			
	e Name(s), Address(es) a you are complaining:	nd Contact Number(s) of any	Other(s) with knowledge of the matter about
1.			
	Name	Address	Contact number
2.			
	Name	Address	Contact number
3.			
	Name	Address	Contact number

extra paper if necessary):	e describe in your own words and provide as much detail as p	ossible (attach
	der the penalties of perjury that the contents of this complain ect to the best of my knowledge, information and belief.	t, including any
attachments, are true and cor		t, including any
attachments, are true and cor Signature SUBSCRIBED AND SWORN TO	Date Defore me, a Notary Public, in and for the State of Maryland, C	
attachments, are true and cor Signature SUBSCRIBED AND SWORN TO	ect to the best of my knowledge, information and belief. Date	