



ETHICS COMPLAINT

Name of Complainant: _____
Complainant's Address: _____
Complainant's Phone Number: _____ Email address _____

Subject of Complaint (person you are complaining about):
Name: _____
Title: _____

<p>BASES FOR COMPLAINT: Please state in detail all laws, regulations or codes which are alleged to be violated, and provide a detailed description of the alleged violation of each law, regulation or code. Attach all documents or other information supporting your complaint.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please write on the back of this form, or attach additional pages, if you need more space.</p>
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<p>Please state whether you are asserting a privacy right which you believe would require a closed meeting on the matter. If you believe you have a privacy right, please state whether you are waiving that right, and if you agree to the meeting on this issue being open. If you are not waiving your privacy right, please set forth the reasons for asserting the privacy right.</p> <p><input type="checkbox"/> I am asserting a privacy right and request a closed meeting, for the following reasons:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> I am not asserting a privacy right and agree to an open meeting.</p>

By signing this form, I verify that the statements in this Complaint are true and correct and that I have attached true and correct copies of any supporting documentation.

Signature _____ Date: _____

Return completed Ethics Complaint form to the City Manager's Office, Civic Center Room 201, 2 Park Drive South, Great Falls, MT 59401