



RESPONSE TO ETHICS COMPLAINT

Name of Subject of Complaint (your name): _____
Address: _____
Phone Number: _____ Email address _____
Name of Complainant and Date of Complaint: _____

RESPONSE TO COMPLAINT DUE WITHIN 10 BUSINESS DAYS OF DATE COMPLAINT MAILED TO SUBJECT

Please state your response to the Complaint against you, by providing a detailed description of your response to each alleged violation, along with all documents or other information supporting your response.

Please write on the back of this form, or attach additional pages, if you need more space.

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.

I am asserting a privacy right and request a closed meeting, for the following reasons:

I am not asserting a privacy right and agree to an open meeting.

By signing this form, I verify that the statements in this document 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