

**City of Sadieville**

**P.O. Box 129, 605 Pike Street**

**Sadieville, Kentucky40370**

**Phone: (502) 857-4576; Fax: (502) 857-4555**

**Email:** [**cityhall@sadievilleky.gov**](mailto:cityhall@sadievilleky.gov)

**ETHICS VIOLATION COMPLAINT FORM**

To the best of my knowledge, information and belief formed after reasonable reflection, I believe that the information given in this inquiry is true. I request the City of Sadieville Ethics Board to evaluate the information given here and to take appropriate measures in accordance with the procedures outlined in the City of Sadieville Ethics Code, ordinance no 2015-01.

**Complainant Information**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City officer, official, or employee that I wish the City of Sadieville Ethics Board to Review**

Name Position or job title (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Agency Work Address (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work telephone (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note: If you wish to file an inquiry about more than one person, you must file a separate inquiry form (and any attachments) for each person.***

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Please describe the facts that you believe constitute a violation of the City of Sadieville Code of Ethics in sufficient detail so that the Ethics Board and the person who is the subject of the inquiry can understand the nature of the alleged violation. Give as much detail as possible, including approximate dates, names, and the section of the Ethics Ordinance that has been violates, etc. Add extra sheets if needed and attach copies of any pertinent documents.

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**Complainant Signature**

Signature of Person Filing Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: A copy of the inquiry will be sent to the person who is subject of the inquiry and may be made available to the public.***