

**Cambridge Ethics Commission**

**Complaint Form**

(All complaints will be confidential during the investigation process)

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Complainant: First Name                      Middle Initial                      Last Name

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Complainant: Mailing Address (Work or Home)

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Complainant: Phone Number    E-mail (optional)

**Complaint:**

(Please include the name/position title or some means of identifying the individual in the complaint)

2. (Complaint Continued from page1.)

### Oath and Signature

I do solemnly swear or affirm under the penalties of perjury that the contents of this statement, including any attachments thereto, are complete, true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Complainant

Sworn to me and before me:

\_\_\_\_\_

Signature of Notary Public

\_\_\_\_\_

Date

My Commission expires:

Please send the Complaint to the Cambridge Ethics Commission c/o the City Attorney, 311 High St. Cambridge, Md. 21613. You will receive notification of receipt of your complaint to the Ethics Commission within 2 weeks.

Official Use Only:

Complaint # \_\_\_\_\_

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

Date of Notification to Complainant: \_\_\_\_\_

Date of Commission Action: \_\_\_\_\_ Action Taken: \_\_\_\_\_