

CONFIDENTIAL
TOWN OF SNOW HILL BOARD OF ETHICS COMPLAINT FORM

P.O. Box 348
103 Bank Street
Snow Hill, Maryland 21863
410-632-2080

Your Name: _____
First Middle Initial Last

Your Address: _____
Street

City State Zip Code Home Phone

WHERE CAN YOU BE REACHED DURING THE DAY? _____

WHAT PROVISION OF THE CODE OF ETHICS DO YOU BELIEVE HAS BEEN VIOLATED?

LIST THE NAME(S) OF THE OFFICER(S) OR EMPLOYEE(S) INVOLVED:

1) _____ 3) _____

2) _____ 4) _____

LIST THE NAME(S) AND ADDRESS(ES) OF ANY OTHER(S) WITH KNOWLEDGE OF THE MATTER ABOUT WHICH YOU ARE COMPLAINING:

1) _____ 2) _____

WHAT IS YOUR COMPLAINT? PLEASE DESCRIBE IN YOUR OWN WORDS AND PROVIDE AS MUCH DETAIL AS POSSIBLE (ATTACH EXTRA PAPER IF NECESSARY):

I SOLEMNLY SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS COMPLAINT, INCLUDING ANY ATTACHMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Your signature