

For internal use only:

Date received: __/__/20__

City Manager's Initials: _____

CITY OF DECATUR
ETHICS COMPLAINT FORM

The City Commissioners of the City of Decatur are governed by a Code of Ethics. A copy of the Code of Ethics is available in the City Manager's office and can be accessed on the City's website: www.decaturga.com.

PART ONE: NAME OF CITY COMMISSIONER.

State the name of the City Commissioner who you believe has violated the Code of Ethics:

PART TWO: SPECIFIC CODE SECTION VIOLATED.

State the specific section or sections of the Code of Ethics that you believe has been violated.

PART THREE: STATEMENT OF FACTS.

Describe with specificity the facts on which this complaint is based, including relevant dates, places, and actions. [Attach additional pages if needed.]

PART FOUR: WITNESS INFORMATION.

State the names, addresses, telephone numbers, and email addresses of persons with firsthand knowledge of the facts alleged.

PART FIVE: SUPPORTING MATERIALS.

Please identify and/or attach, if available, any documents and other tangible evidence (e.g., audiotapes, videotapes, photographs) that support your complaint.

PART SIX: PERSON MAKING THE COMPLAINT.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Telephone: _____

I agree to receive service of any notice via the email address set forth above. Yes__No__

I hereby declare or affirm that, to the best of my knowledge, information, and belief, the facts set forth in this complaint are true and correct.

Signature _____ Date _____

****Complaints must either be emailed to the City Manager (andrea.arnold@decaturga.com) or hand delivered to the City Manager's office located on the 2nd floor of City Hall, 509 N. McDonough Street, Decatur, Georgia.**

