

GRUNDY COUNTY  
ETHICS COMMISSION

Please type or print legibly, attaching additional pages as necessary

Name of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_  
Complaint must be filed within one year of the alleged violation.

Person or Entity which is the subject of Your Complaint. Provide the name, title if any, department and business or home address of the person you allege to have committed a violation of the Grundy County Ethics Ordinance. Further state the facts upon which you believe show that a violation has occurred. \_\_\_\_\_.

(Add additional page if necessary)

Dated \_\_\_\_\_

Complainant \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

Notary Public