



## Board of Ethics

### SWORN COMPLAINT

If necessary, use additional paper to write your response to the questions. Remember, your complaint ***must be signed and notarized*** before it can be accepted for investigation.

#### I. Complainant Information (Please type or print neatly)

Name \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_ (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

City of Memphis Employee or Citizen (check one):  City of Memphis  Applicant  
 Citizen

If City of Memphis City Employee, where do you work?  
\_\_\_\_\_

Principal / Immediate Supervisor \_\_\_\_\_

Dates of employment \_\_\_\_\_ Shift, if applicable \_\_\_\_\_

Current Job Title \_\_\_\_\_

**II. Alleged Violators.**

Who do you believe has violated the City's code of ethics? (Please list each individual separately.)

(1) Name \_\_\_\_\_

Division \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

(2) Name \_\_\_\_\_

Division \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

3) Name \_\_\_\_\_

Division \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**III. Statement of Facts**

Please describe the particulars of the alleged ethics violation. Be sure to include the date(s) the act(s) occurred. (If additional space is needed, attach extra sheets, signing and numbering each page.)

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



**V. Supporting Documentation**

1. List all documents and other materials in your possession that are relevant to this complaint. (Initial next to documents if attached to this Sworn Compliant form.)

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2. List all documents and other materials relevant to this complaint that are available to you, but are not currently in your possession. State the last known location of the document or material.

Document / Material

Location

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3. List all documents and other materials that are relevant to this complaint but are not available to you. State the last known location of the document or material.

Document / Material

Location

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**VI. Affidavit**

**READ THE FOLLOWING CAREFULLY**

I swear or affirm that the answers and information given in the above complaint, and any supporting documentation or materials referenced herein or submitted herewith, are true to the best of knowledge and belief based on the information available to me. **I understand that submitting a complaint containing false information will subject me to the penalty(s) for perjury.**

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Printed Name of Complainant \_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Affix Notary Seal Here

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Latonya.Burrow@memphistn.gov

