

Board of Ethics Sworn Complaint

Before proceeding, please read the City Code of Ethics and the Mayor's Executive Order provided to you.

Do keep in mind that the City of Memphis Board of Ethics does not write the Code or Executive Order. It is the Board's duty to faithfully determine if there is or is not a violation **based completely on what you provide to the Board.** The Board will fully and completely respond to you, if you do the following:

Instructions to complete this form

- I. **Complainant Information.** Provide all information requested.
- II. **Alleged Violators**. Provide all information requested.
- **III.** Statement of Facts.
- ✓ As you read the Code and Executive Order, think through and make note of the specific section by number or letter which you believe to have been violated.
- ✓ In the space provided in III, write the specific number(s) or letter(s) of the City Code of Ethics or Mayor's Executive Order that you believe to have been violated.
- ✓ Next, following each specific number or letter that you have listed, describe the specifics of the event or action that you believe is a violation of the Code of Ethics or the Executive Order. Make sure that your description clearly connects the Code of Ethics or Mayor's Executive Order violation to the action that you are describing.
- IV. **Supporting Documentation**. Read and complete this section.
- V. **Affidavit**.
- ✓ Be careful to complete all sections I through V of the form.
- ✓ The form may be submitted after your signature on this form is notarized in the presence of a notary public complete with his or her seal.

I. Complainant Information (Please type or print neatly)

| Your Name | | |
|--|---------------------------------------|----------------------------|
| Your Current address | | |
| City | State | Zip code |
| | | · |
| Home Phone Cell Phone | | |
| Are you a Citizen of the City of Mer | | |
| Are you a Citizen of the City of Mer Are you an applicant for a City of M | | |
| what department do you work? | | |
| When did you begin employment wi | | |
| If you work a shift, what are the sh | · | |
| What is your current job title? | | |
| Who is your immediate supervisor? | | |
| | II. Alleged Violators | |
| | _ | individual conaratoly) |
| Who do you believe has violated th | | |
| (1) Name | | |
| Department/Division Address | | |
| Address | _ | _1elephone |
| (2) Name | | |
| Department/Division | Title | _ |
| Address | | _Telephone |
| (3) Name | | |
| Department/Division | | |
| Address | | |
| I | II. Statement of facts | |
| Please describe the specifics of the | e event or action that you believe is | a violation of the Code of |
| Ethics. On what date or dates did | the alleged violation occur? | |
| What specific number(s) or letter | (s) of the City Code of Ethics or M | ayor's Executive Order do |
| you believe have been violated? | | |
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| here: |
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| If more space is needed, please add additional pages. Sign and number each additional page. |
| IV. Supporting Documentation |
| List each document and other materials in your possession that are relevant to this complaint. If the documents are attached to this sworn complaint, initial eacone. |
| |
| |
| 2. List each document and other materials relevant to this complaint that are |
| available to you, but are not currently in your possession. What is the last know |
| location of the document(s) and material? |
| |
| |
| 3. List each document and other materials that are relevant to this complaint, but |
| these are not available to you. What is the last known location of the |
| document(s) or material? |
| |
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| |

V. Affidavit

I swear or affirm that the answers, descriptions, and information given in the above complaint, and any supporting documentation or materials referenced herein or submitted herewith, are true to the best of my 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(ies) of perjury.

| Printed Name of Complainant Signature of Complainant | | | |
|---|--------|------------------------|-----|
| Date | Time | | |
| Sworn to and subscribed before me | e this | _day of | _20 |
| Signature of Notary | | | |
| My Commission Expires: | | Affix Notary Seal Here | |

City of Memphis
Chief Ethics Officer
Benjamin L. Hooks Library
3030 Poplar Avenue
Suite L/54
Memphis, Tennessee 38111
Monika.Johnson@memphistn.gov