



CITY OF LAUREL ETHICS COMMISSION

Laurel Municipal Center
8103 Sandy Spring Road
Laurel, Maryland 20707

ETHICS COMMISSION COMPLAINT FORM

APPENDIX A

(Please type or print legibly, in ink)

Name of Party Filing Complaint (Complainant): _____

(Anonymous complaints will be accepted and considered by the Ethics Commission but they will be given less weight than signed complaints)

Address: _____

Telephone Number:

(H) _____ (W) _____ (C) _____

Date Complaint Form Completed: _____

Person(s) who is (are) Subject of Complaint (Respondent(s)): _____

Applicable Section of the City of Laurel Ethics Ordinance (if known – this is desirable but not required): _____

Brief Description of Substance of Complaint: _____

(Continue on back of form if necessary)

Signature _____ Date: _____
Type or print name

STATE OF MARYLAND, COUNTY OF _____, TO WIT:

I HEARBY CERTIFY that on this _____ day of _____ before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared _____ sign the attached Complaint.

AS WITNESS my hand and Notary Seal. _____

**Notary Public,
My Commission expires:** _____