

10/2014

ALLEN COUNTY ETHICS COMMISSION
COMPLAINT FORM

Name of person being reported _____

Person's Agency or Employer _____

Nature of violation _____

Date of violation (if known) _____

Witness(s) _____

Address of witness _____

Phone number of witness _____

Statement of facts _____

Signature of reporting party (optional) _____

Printed name (optional) _____

Daytime phone number _____

Date of signature _____

Date of receipt by Commission _____

Additional pages may be added if necessary.

To be filed at the Allen County Commissioners Office

Located on the 4th Floor, Suite 410, Citizens Square Building

200 E. Berry Street, Fort Wayne, IN 46802