

Complainant's Name, Address and Telephone Number (Please print or type your name, address and telephone):

Name:

Address:

Telephone:

I hereby certify under penalty of false statement that I believe that the foregoing statement describing a possible violation of the designated Code of Ethics is true.

Signature

Date

NOTE:

- (1) This Complaint will not be effective without the name, address and signature of the Complainant.
- (2) Once filed, this Complaint may not be withdrawn by the Complainant.
- (3) In addition to the criminal penalties that may be imposed upon a complainant who, under penalty of false statement, knowingly files a false complaint, the Code of Ethics provides that if any complaint is made with the knowledge that it is without foundation in fact, the person against whom the complaint is made (the Respondent) has a cause of action against the Complainant for double the amount of damage caused. If the Respondent prevails in the action, the cost of the action together with reasonable attorneys fees may also be awarded the Respondent by the court.
- (4) The Office of State Ethics preliminary investigation into a complaint is confidential, unless the Respondent requests that it be open. Unless the Office of State Ethics advises you otherwise, the allegations in the complaint and any information supplied to or received from the Office of State Ethics shall not be disclosed during the investigation to any third party by the Complainant, Respondent, witness, designated party, Office of State Ethics staff member or the Citizen's Ethics Advisory Board.

Mail or hand-deliver this complaint to the:

Office of State Ethics
18-20 Trinity Street
Hartford, CT 06106