

TOWN OF BEACON FALLS
C/O TOWN HALL, 10 MAPLE AVENUE
BEACON FALLS, CT 06403

COMPLAINT - ETHICS VIOLATION

Date: _____

I wish to register a complaint alleging a violation of:

_____ The Code of Ethics Ordinance for Town of Beacon Falls Local Elected
Officials, Town Employees, Board and Commission Members or Town
Consultants.

Name of Person or Organization (Respondent) in violation of the Code of Ethics Ordinance:

Name

Address

The Respondent violated the Code of Ethics as follows. (Please be as specific as possible with regard to time, place, actions and other persons involved).

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 Ethics Code Ordinance is true.

Signature

Date

Mail or hand-deliver this complaint to the
Office of the Town Clerk, Town Hall, 10 Maple Avenue, Beacon Falls, CT 06403

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 Once filed, this Complaint may **not** be withdrawn by the Complainant.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 the reasonable attorneys fees may also be awarded in the Respondent by the court.