BOARD OF ETHICS COMPLAINT FORM

The Town of Niskayuna recognizes that there are rules of ethical conduct for officers and employees that must be observed to uphold a high degree of moral conduct and to maintain public confidence.

The Board of Ethics accepts written complaints from any person regarding alleged behavior inconsistent with the ethical obligations of officers or employees pursuant to Article 18 of the New York State General Municipal Law, Chapter 17 of the Town Code, applicable rules and regulations of the Town, and all other relevant law.

NAME OF PERSON MAKING COMPLAINT
______________________________________________________________________
Address________________________________________________________________
Phone______________________________ E-Mail____________________________
SUBJECT OF COMPLAINT________________________________________

SUMMARY OF BEHAVIOR ALLEGED TO BE INCONSISTENT WITH ETHICAL OBLIGATIONS

1. State the specific ethical violation(s) and the relevant sections of the Town Ethics code and/or Article 18 of the New York State General Municipal Law.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Provide supporting data for this complaint, including time, date, and place as well as relevant facts concerning the alleged violation. Attach additional sheet(s) if necessary).
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

ALL AREAS OF THIS FORM ARE TO BE COMPLETED FOR THE COMPLAINT/INQUIRY TO BE CONSIDERED. PLEASE MAIL THE COMPLETED FORM TO: BOARD OF ETHICS, TOWN OF NISKAYUNA, P.O. BOX 9541, NISKAYUNA, NEW YORK 12309.

Dated: _____________________   __________________________
Signature