Town of Addison

65 VT Route 17W

Addison VT 05491

Official Use Only:

Date received:

Town of Addison VT

Municipal Complaint Form

The Town of Addison has the authority to accept, review, investigate and track complaints regarding alleged violations of the Vermont Municipal Code of Ethics. 3 V.S.A. p. 1223(b).

Anonymous complaints will not be accepted.

Your Contact information

Your Name:

Address:

City/Town:

State: Zip: Email:

Phone(s):

1. Who is the complaint against? Include their name, job title or position and municipality. Please file a separate complaint form for each person you are complaining against.

2. Date(s) of the alleged violation(s):

3. How has this person violated the provisions of the statewide Municipal Code of Ethics or the Town of Addison Ethics policies? Be specific and provide as much detail as possible. Attach any documentation that supports your claim.

4. Please indicate which provision(s) of the Municipal Code of Vermont or Addison policies you believe have been violated.

5. Provide the names and contact information for anyone else who may have information regarding the complaint.

6. Has the conduct you describe above been the subject of a prior complaint? If yes, please explain.

7. Is there anything else the investigating authority for the Town of Addison should know about this complaint?

I certify that the information provided in this complaint is true, correct, complete and of my own personal knowledge. I will fully cooperate in the process regarding this complaint.

_____ **Date:** _____

Signature—must be hand signed

Submit to: Town of Addison, 65 VT Route 17W, Addison, VT 05491