

Ethics Complaint Form

Franklin County Ethics Commission

Address PO Box 4514 Frankfort, Kentucky 40602

Complainant Identifying Information

Name (Last Name, First Name): Address:

Telephone: Email:

Employer: Job Title:

Supervisor Name:

Complaint

Provide a short and plain statement of the nature of the violation (Who, What, When, Where, Why):

The law, or rule, violated was:

State all facts that are known to you with regard to the alleged violation. Please include all applicable dates and witnesses to the alleged violation:

What evidence (i.e., documents, video, etc.) do you have to support your claim?:

By signing below, I acknowledge that the statement provided above is accurate and truthful.

Name (Print): Date: Signature: