



City of
ABERDEEN
BOARD OF ETHICS

COMPLAINT FORM

Name of Complainant: _____

Address: _____

Telephone Number: _____

Email Address: _____

Please cite section(s) of City of Aberdeen Conflicts Of Interest Policy violated:

Provide a statement of the alleged violation(s) of the City of Aberdeen Conflicts Of Interest Policy. Please be specific and include names of individuals, locations, and dates, as applicable. Use a separate page if necessary.

CONFIDENTIALITY AND AFFIRMATION

Pursuant to Sections 2-385(b) and 2-388(c) of the Aberdeen City Code, and Section I.9.(b) and (d) or Section II.11. of the Conflicts Of Interest Policy, this complaint shall remain confidential unless the accused person elects to waive confidentiality. I understand that I am bound by this confidentiality provision. I further understand that a violation of this confidentiality provision may result in the dismissal of this complaint.

I have initiated the above complaint. The information provided is true to the best of my knowledge and belief.

Signature

Date

On this _____ day of _____, 20____, personally appeared before me, _____, to be the signer of the foregoing document, and he/she acknowledges that he/she signed it.

Notary Public – South Dakota
My Commission expires:_____

Return completed form to:
City Attorney/City Manager
2nd Floor ~ Municipal Building
123 South Lincoln Street
Aberdeen, SD 57401
(605) 626-7025

* * * * *

Complaint received by:

Name and Title

Date