### **BOARD OF ETHICS**OFFICE OF THE CORPORATION COUNSEL

City Hall, 1 Kennedy Plaza Utica, New York 13502 Tel.: (315) 792-0171 Fax: (315) 792-0175



Tracey A. Mills, Chair Joseph Langlois, Co-Chair Ronald Gaetano, Member Jeanette A. Spina, Member Emilie Raymond, Member Mark Curley, Member

## ETHICS COMPLAINT / REQUEST FOR AN ADVISORY OPINION

#### This form is to be used by any member of the public when:

- 1) Requesting an investigation into possible violation(s) of the City of Utica Code of Ethics pursuant to Section 2-2-84 (e) of the City of Utica Code; OR
- 2) Requesting a confidential ethics advisory opinion pursuant to Section 2-2-84 (n) of the City of Utica Code

#### Please note the following:

- This form **MUST** be completed in its entirety!
- The complaint is confidential and **NOT** subject to disclosure or available for inspection under Article 6 of the NYS Public Officers Law ("Freedom of Information Law")
- For the City of Utica Code of Ethics, see Section 2-2-66 et seq and Section 2-2-83 et seq of the City Code

Full Name
Address
Phone Number
E-mail Address
Nature of Request (check one):
Complaint and/or request for an investigation by the Board of Ethics
Request for an advisory opinion from the Board of Ethics
Complaint (not required for requests for an advisory opinion):
Name(s) of possible violator(s) (if known)
Job Title(s)
Office(s) (if known)
Date(s) of alleged violation
Names of other individuals with personal knowledge of the facts/circumstances
If you are in possession of any documentary information that is relevant to this inquiry, please attach a copy of that documentary information to this form (check one):
I have attached additional pages/documents
I have NOT attached any additional pages/documents

# **Description of Facts and Circumstances** The following space is for you to include a detailed description of either: 1) The facts and circumstances that you believe may constitute a violation of <u>Chapter 2-2 DIVISION 2 "Ethics" of the Utica City Code</u>; OR 2) The facts and circumstances on which you would like an advisory opinion **Mandatory Signature Requirement** The following Complaint/Request for an advisory opinion MUST be signed: I do hereby swear or affirm under the penalty of perjury that the information provided above is true and accurate and that I have personal knowledge of the facts stated. Signature \_\_\_\_\_ Printed Name

\*\* The original copy of this complaint may be filed by dropping it off with the City of Utica Office of the Corporation Counsel (2nd floor, City Hall, 1 Kennedy Plaza, Utica, NY 13502) in a sealed envelope or by mailing it to:

City of Utica Office of the Corporation Counsel City Hall, 1 Kennedy Plaza Utica, NY 13502

Date