

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  
Jeanette, A. Spina, Member  
Emilie Raymond, Member  
Hannah Burgess, 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:**

- In order to be reviewed by the City of Utica Board of Ethics, this form **MUST** be completed in its entirety!
- The complaint is confidential and NOT subject to disclosure by any member of the Board of Ethics 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 [Chapter 2-2 DIVISION 2 “Ethics” of the Utica City Code](#); 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 to be considered by the Board of Ethics:

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** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*\* The original copy of this complaint may be filed with the City of Utica Board of Ethics 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 Board of Ethics  
c/o Office of the Corporation Counsel  
City Hall, 1 Kennedy Plaza  
Utica, NY 13502