



TOWN OF OSSINING

The Volunteer Spirited Town

16 CROTON AVENUE
OSSINING, N.Y. 10562

www.townofossining.com

ETHICS COMPLAINT FORM

Completed form with any supporting documentation shall be submitted to the Town Clerk's office for transmittal to the Chairperson of the Board of Ethics.

Complainant Name: _____

Address: _____

Phone Number: _____

Email: _____

Relationship to the Town of Ossining (Select all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Employee | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Lessee of Property Contractor | |

1. Please provide a detailed statement or description of the nature of your complaint, including facts constituting an alleged violation(s) of the Code of Ethics, the identity of all individual Town employee(s) involved, the Department/Job Title of this Town employee(s) and, if possible, a date, time, place of the alleged violation. Also, note any proof, documents or exhibits you are including to support this complaint. (Attach any additional pages, if necessary.)

2. If known, please reference the Town Ethics Law in question. (Town Ethics Law can be found at <https://ecode360.com/8407032#8407032>)

3. Please provide any additional comments that would be helpful in investigating your complaint. (Attach any additional pages, if necessary.)

Has this matter been referred to any other agency? ☐ Yes ☐ No

If yes, which agency? _____

Is there a pending legal action you are aware of? ☐ Yes ☐ No

I, being duly sworn, have read the foregoing complaint in its entirety, including any additional pages, and to the best of my knowledge, information and belief, believe it to be true. I also understand the intentional submission of false information may constitute a crime punishable by fine or imprisonment, or both.

Complainant

Sworn to before me this day of _____

Notary Public