GRUNDY COUNTY
ETHICS COMMISSION

Please type or print legibly, attaching additional pages as necessary

Name of Complainant: ___________________________________________

Address of Complainant: ________________________________________

Day Phone: (____)___________ Evening Phone: (____)___________

Date of Alleged Violation: ______________________________________
Complaint must be filed within one year of the alleged violation.

Person or Entity which is the subject of Your Complaint. Provide
the name, title if any, department and business or home address of the
person you allege to have committed a violation of the Grundy County
Ethics Ordinance. Further state the facts upon which you believe show
that a violation has occurred. ____________________________________

(Add additional page if necessary)

Dated ________________________________

Complainant __________________________

Subscribed and sworn to before me _____ day of _______ 20___

______________________________

Notary Public