

TOWN OF OLD LYME CODE OF ETHICS

ETHICS COMPLAINT

I/we, the undersigned hereby allege a violation of the Town of Old Lyme Code of Ethics

- A. Name of Public Official, Officer or Public employee whether elected and/or appointed, paid or unpaid
- B. Cite the specific section(s) of the Code of Ethics that has been violated in this matter
- C. The specific acts which constitute the violation and when they occurred are as follows (attach additional pages if necessary);
- D. Have you presented these allegations to any other administrative or judicial authorities?

CERTIFICATION

I/we declare under penalty of false statement that the above complaint and any attachments thereto, is/are true to the best of my knowledge. I understand that until the Ethics Commission has made a finding of probable cause, I am forbidden from disclosing to any third party that I have filed an Ethics Complaint.

Signed:

Print name

Address

Date

Work/cell Phone

Home Phone

E-mail address(optional)

Completed form should be mailed to
Chair of Ethics Commission
C/O The Town Clerk
52 Lyme Street
Old Lyme, CT 06371

Dated January 24, 2009

