

COMPLAINT FORM

Send the original completed form to:

Office of the County Manager
Attn: ACE Commission Staff
119 Courthouse, 436 Grant St.
Pittsburgh, PA 15219

Send a copy of the completed form to:

Chairperson, ACE Commission
119 Courthouse, 436 Grant St.
Pittsburgh, PA 15219

INSTRUCTIONS – Please review The Accountability, Conduct and Ethics Code of Allegheny County (“Ethics Code”), particularly Chapter 105, Operations of Commission, prior to completing this Complaint Form. Copies of the Ethics Code are available at the Office of the County Manager.

1. As the individual filing the complaint (the Complainant), please provide your name, address and phone number in the spaces below and also identify the covered person (the Respondent) about whom you are complaining. “Covered Persons” are defined pursuant to the Ethics Code as all elected and appointed County Officers, i.e., the Chief Executive and members of County Council; County Officials, i.e., the independently elected Officers, also known as Row Offices; and all County employees and members of County Agencies.

Full name of Individual (Complainant): _____

Home address of Complainant: _____

Work address of Complainant: _____

Phone number of Complainant: Work () _____

Home () _____

Name of Covered Person (Respondent): _____

Position or office held by Respondent: _____

County Department, if applicable, of Respondent: _____

2. Please state the alleged facts and circumstances that you believe in good faith constitute a violation of the Ethics Code. (Attach a separate sheet if necessary.) Please identify the sections of the Ethics Code that you believe have been violated.

3. Attach to this Complaint Form any records or documents which support your allegations.

