COMPLAINT FORM

Send the <u>original</u> completed form to:		Send a copy of the completed form to:	
Attn:	of the County Manager CE Commission Staff arthouse, 436 Grant St. gh, PA 15219	Chairperson, ACE Commission 119 Courthouse, 436 Grant St. Pittsburgh, PA 15219	
Alleghe Commi	ny County ("Ethics Code"), particu	plaint Form. Copies of the Ethics Code	
1.	name, address and phone number is covered person (the Respondent) a Persons" are defined pursuant to the County Officers, i.e., the Chief Ex County Officials, i.e., the independent	dual filing the complaint (the Complainant), please provide your as and phone number in the spaces below and also identify the on (the Respondent) about whom you are complaining. "Covered defined pursuant to the Ethics Code as all elected and appointed ters, i.e., the Chief Executive and members of County Council; tials, i.e., the independently elected Officers, also known as Row all County employees and members of County Agencies.	
	Full name of Individual (Complain	nant):	
	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.

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA)
COUNTY OF ALLEGHENY) SS:)
BEFORE ME, the undersigned authority,	a Notary Public, in and for said
Commonwealth and County, personally appeared	
who, being duly sworn according to law, deposes	and says that the facts contained in the
foregoing Complaint Form are, insofar as they are	e derived from his/her own knowledge,
true and correct to the best of his/her knowledge,	information and belief, and insofar as
they are derived from others, such facts are believ	red to be true and correct.
SWORN TO and SUBSCRIBED	
before me this day of	
, 200	
Notary Public	
My commission expires:	