

Town of Salem Ethics Complaint

Date: _____

Your name: _____

Address: _____

Phone number: _____

E-mail address: _____

Person you are complaining against:

Name: _____

Office, Council, Board, Committee, or Commission: _____

Which section of the Code of Ethics do you allege was violated? *(See attached Code of Ethics for description of each one).* **Circle one or more:**

§6.3.1 Conditions for Holding Office

§6.3.7 Use of Influence

§6.3.2 No Conflicts of Interest

§6.3.8 No Improper Gifts

§6.3.3 A Duty to Recuse in Quasi-Judicial Actions

§6.3.9 Disposition of Fees

§6.3.4 A Duty to Disclose

§6.3.10 Duty to Cooperate

§6.3.5 A No Unfair Use of Town Property

§6.3.11 Fair and Equal Treatment

§6.3.6 No Misuse of Confidential Information

§6.3.12 Future Employment

Describe in detail the alleged violation, including names, dates, and any other relevant information that would assist the Committee in investigating the complaint. *Use additional sheets as necessary.* _____

By signing this complaint you certify that you:

- Have read the attached *Code of Ethics*;
- Believe the matter within the complaint is a fair subject of inquiry;
- Have exhausted all other avenues of relief available within Town government (e.g., having raised the issue with the Chair of said Committee); and
- **Will keep the fact that you have filed a complaint confidential** until the Ethics committee has completed its work.

Signature: _____

Submit this form to: Town of Salem Ethics Committee, 33 Geremonty Drive, Salem, NH 03079

Or email to: Ethics_Committee@salemnh.gov

Completed form received by:

Chair, Salem, NH Ethics Committee

Date