



SPENCER COUNTY, KENTUCKY  
ETHICS COMMISSION

**COMPLAINT**

1. Date of Complaint: \_\_\_\_\_

2. Name of Complainant: \_\_\_\_\_

3. Complainant Contact Information:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

4. I make this complaint under oath against \_\_\_\_\_  
(name)

who is \_\_\_\_\_  
(describe person's title, job description and/or department)

I believe \_\_\_\_\_ has violated the Spencer County  
(name/department)

Ethics Ordinance Section: (if known): \_\_\_\_\_

Estimated or perceived cost of violation to Spencer County \$ \_\_\_\_\_

Describe complaint and attach copies of pertinent documents, dates, facts and circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I agree to cooperate with persons assigned to investigate this complaint:  
 YES             NO
  
6. I am willing to appear and testify, if a public hearing is conducted on these charges:  
 YES             NO
  
7. The facts in this complaint are true, to the best of my knowledge and belief.  
 YES             NO
  
8. I understand that, pursuant to KRS 523.010, a false statement made under oath and without belief, that could affect the outcome of any proceeding before the Ethics Commission, may subject me to penalties.

## VERIFICATION

### Complainant

I, \_\_\_\_\_ (the complainant), having been duly sworn, declare under oath that the above is true to the best of my knowledge.

\_\_\_\_\_  
 \_\_\_\_\_ (Signature)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

State of Kentucky

County of Spencer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

My Commission expires: \_\_\_\_\_

NOTE: ALTERED OR INCOMPLETE FORMS WILL NOT BE ACCEPTED.