

TOWN OF BRISTOL MUNICIPAL ETHICS COMPLAINT FORM

Town of Bristol, Vermont

ATTN: Designated Complaint Recipient

The Town of Bristol has the authority to accept, review, investigate, and track complaints regarding alleged violations of the Vermont Municipal Code of Ethics. 3 V.S.A. § 1223(b).

YOUR CONTACT INFORMATION Type or print clearly

Your name (complaints can be anonymous):	
Address:	_
Municipality:	
State:	-
Zip:	
E-mail:	
Telephone(s):	
Who is this complaint against? Name, and job for each individual you complain against.	title or position. Please file a separate complaint
2. Date(s) of the alleged violation(s):	
3. How has this person violated the Municipal C provide as much detail as possible. Attach any detail as possible as much detail as possible.	· · · · · · · · · · · · · · · · · · ·

4. If you can, please indicate which law, rule, or other legal requirement you believe has been violated.
5. Provide the names and contact information for anyone else who may have information regarding this complaint.
6. Has the conduct you describe above been the subject of a prior complaint? If yes, please explain.
7. Is there anything else the Designated Complaint Recipient should know about this complaint?
Attach additional pages as necessary. I certify that the information provided in this complaint is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this complaint.
Signature:
Date:
Cubmit by small to about the intelest one Enter (Complaint) in subject line OD by UCDC mail

Submit by email to: clerk@bristolvt.org Enter 'Complaint' in subject line OR by USPS mail complaint to: 1 South Street, PO Box 249, Bristol, VT 05443, Attn: Designated Complaint Recipient.