

SWORN COMPLAINT BEFORE THE CITY OF HALTOM CITY

In accordance with Haltom City Charter Article X – General Provisions – Sec. 10.02a. Ethics Policy and Haltom City Code of Ordinances Section 2-458, the City Council, by ordinance, shall adopt and maintain in force an ethics policy governing elected officials, board and commission members, City Council-appointed officers, and city employees. The City Council may from time to time amend the ethics policy as the City Council determines is appropriate. The City Council, utilizing the Ethics Commission, shall have the responsibility for the enforcement of the ethics policy as it applies to the City Council, board and commission members, and City Council-appointed officers. The City Manager shall have the responsibility for enforcement of the ethics policy as it applies to City employees. Enforcement may include disciplinary action up to and including removal from office or employment. In addition, City Code Section 2-454 lists the standards of conduct and other related items regarding the ethics policy. Any person who believes that a violation of any portion of the ethics policy has occurred may file a complaint with the City Secretary, or their duly authorized representative, by using this sworn complaint form. All information requested on this complaint form is required in order for the complaint to be processed.

DATE SUBMITTED TO THE CITY SECRETARY ____/____/____

City Secretary Signature

SEAL

COMPLAINANT NAME

COMPLAINANT PHYSICAL ADDRESS

COMPLAINANT MAILING ADDRESS (check if the same as above)

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COMPLAINANT TELEPHONE NUMBER

COMPLAINANT EMAIL ADDRESS (if existing)

ACCUSED NAME

ACCUSED POSITION OR TITLE

ACCUSED PHYSICAL ADDRESS

ACCUSED MAILING ADDRESS (check if the same as above)

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ACCUSED TELEPHONE NUMBER (if known)

ACCUSED EMAIL ADDRESS (if known)

NATURE OF ALLEGED VIOLATION

Failure to complete this form properly will cause your complaint to be noncompliant and returned.

Please describe the code of ethics violation the Accused is alleged to have committed.

STATEMENT OF FACTS

Failure to complete this form properly will cause your complaint to be noncompliant and returned.

Please state the facts known to you that constitute the alleged violation(s), including the date on which or the period of time in which the alleged violation(s) occurred. Documentation or other material relevant to this complaint must be attached and listed below. Also, identify allegations of fact not personally known to you, but alleged on information and belief. Use simple, concise, and direct statements to state facts that, if true, would constitute a violation of the ethics policy.

(Attach extra page if necessary)

PERSONAL AFFIDAVIT

Based on personal knowledge.

Failure to complete this form properly and have it notarized by the City Secretary, or their duly authorized representative, will cause your complaint to be noncompliant and returned.

I, _____, complainant, swear that I have knowledge of the facts alleged in this complaint and that the information contained in this complaint is true and correct.

Affix Notary Stamp/Seal Below

Signature of Complainant

Sworn to and subscribed before me, by the said _____, this the _____
(Complainant)
day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

INFORMATION AFFIDAVIT

Based on information and belief.

Failure to complete this form properly and have it notarized by the City Secretary, or their duly authorized representative, will cause your complaint to be noncompliant and returned.

I, _____, complainant, swear that I have reason to believe that the violation alleged in this complaint has occurred. I have provided all supporting documentation I am aware of. The source of my information and belief is:

Affix Notary Stamp/Seal Below

Signature of Complainant

Sworn to and subscribed before me, by the said _____, this the _____
(Complainant)
day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath