



Mail or Deliver in an Envelope Marked "Confidential" To:

Albany County Ethics Commission

C/o Clerk of the Legislature, 112 State Street, Room 710

Albany, NY 12207

(518) 447-7168

SWORN COMPLAINT

The Albany County Ethics Commission has jurisdiction to investigate potential violations of Local Law No. 8 for 2011 that establishes a code of ethics and financial disclosure law for officials and employees of Albany County government.

Complainant Name _____

Address _____

City, State, ZIP _____

Telephone _____

Email _____

Please provide a statement or description of the alleged violation of Local Law No. 8 for 2011. Please include facts constituting a violation of the law, the identity of the individual(s) and, if possible, a date, time and place of the alleged violation. Include any documents or enclosures to support the allegations. Please use additional pages as needed.

Has this matter been referred to any other agency? _____ YES _____ NO

If yes, which agency? _____

Is there a pending legal action or proceeding that you are aware of? _____ YES _____ NO

If yes, where? _____

I, _____, being duly sworn, have read the foregoing complaint in its entirety, including attachments, and to the best of my knowledge, or based on information and belief, believe it to be true. I also understand that the intentional submission of false information may constitute a crime punishable by fine or imprisonment, or both.

Sworn to me this _____ day of _____

_____, 20 _____

Signature

Notary Public

