

FORSYTH COUNTY ETHICS CLERK
110 East Main Street, Suite 230
Cumming, GA 30040

COMPLAINT

Please complete the following information, attach the required affidavits, and sign and submit the complaint to the address listed above.

1. Name of the individual filing the complaint:

Full Legal Name: _____

Mailing Address: _____

Daytime Phone Number: _____

E-mail Address (if applicable): _____

2. Name and organization of the County official or employee against whom the complaint is being filed:

Name: _____

Position: _____

Dept./Agency: _____

3. Ethics violation which is alleged against the member of the governing authority:

(Note: Affidavits must be attached supporting the allegations in this complaint.)

I have read the ethics complaint and aver that the facts contained therein are true to the best of my knowledge and belief. I hereby request that the Forsyth County Ethics Panel consider this complaint.

Signature: _____ *Date:* _____

Sworn to and subscribed before
me this ____ day of _____, 20 ____.

Notary Public

[NOTARY SEAL]

My Notary Commission Expires: _____