

MENOMINEE COUNTY/TOWN OF MENOMINEE CODE OF ETHICS COMPLAINT FORM

INSTRUCTIONS. Review Menominee County/Town ordinance governing Code of Ethics before filling out this complaint form. Copies of those ordinances are available at www.co.menominee.wi.us under the "Ordinances & Resolutions" link or at the Courthouse. Complaints must be filed within 10 business days of the action/incident. Complaints must be signed before a Notary Public and mailed to: One Law Group, Attn: Terence J. Bouressa, 444 Reid Street, Suite 200, P.O. Box 5637, De Pere, WI 54115, or they can be scanned and e-mailed to tbouressa@onelawgroupsc.com. Envelopes and postage are available from the Courthouse.

I. ABOUT THE COMPLAINANT

| | | | | |
|----------------------|----------|-------|--------|-----------|
| Name of Complainant: | Address: | City: | State: | Zip Code: |
|----------------------|----------|-------|--------|-----------|

| | | | |
|-------------------|-----------------------------|-----------------|---|
| Telephone Number: | Alternate Telephone Number: | E-Mail Address: | Best Time to Call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon |
|-------------------|-----------------------------|-----------------|---|

Can notices be sent directly to you via e-mail instead of using regular mail? Yes No

II. COMPLAINT

What is/are the name(s) of the County/Town employees or officials that were involved in this matter?

| No. | Name: | Title: | Role Played (Significant or Minor Actor): |
|-----|-------|--------|---|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

| | |
|-------------------------------------|---------------------------------------|
| When did the action/incident occur? | Where did this action/incident occur? |
|-------------------------------------|---------------------------------------|

Please describe the action/incident that occurred in the space provided below:

See attachment

Did you personally witness the action/incident? Yes No

If there were others who personally witnessed the action/incident, please identify them in the space provided below:

| No. | Witness Name(s): | Phone Number or Other Contact Information (if known): |
|-----|------------------|---|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |

What section(s) of the Code of Ethics ordinance (County Ord. No. 66/Town Ord. 70) do you believe were violated?

III. CERTIFICATION (MUST BE SIGNED AND NOTARIZED)

I, the undersigned, swear or affirm that the above statement and any attachments hereto are true and correct.

Subscribed and sworn to before me
this ____ day of _____, 201__.

Signature of Complainant

Date

Notary Public, State of Wisconsin
My Commission Expires: _____