



# CITY OF SAN ANTONIO

## Sworn Complaint of Ethics Violations

The form must be notarized before it is submitted. All documentation should be included when submitting the form.

For use of this form, see Section 2-83 of the City Ethics Code.

Any person, including a member of the Ethics Review Board or its staff, acting personally or on behalf of the Board, who believes that there has been a violation of the ethics laws may file a sworn complaint with the Office of the City Clerk.

### Complaint submitted by:

\*First: \_\_\_\_\_ M.I.: \_\_\_\_\_ \*Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Identify the person or persons who allegedly committed the violation:

*Full Name	Title or Position	Department or Board/Commission

\*Provide a statement of the facts on which the complaint is based, including the dates on which or period of time in which the alleged violation occurred:

**\*Describe the nature of the alleged violation, including if possible, the rule or rules allegedly violated:**

**\*Describe all documents or other materials that are relevant to the allegation:**

**\*Describe all documents or other material that are relevant to the allegation but that are not in your possession, including the location of the document or materials if known:**

# Oath

I swear or affirm that the statements contained in this "Sworn Complaint of Ethics Violations" form, including any accompanying documentation, to the best of my knowledge and belief are true, correct and complete. I also understand that a complaint filed in good faith is qualifiedly privileged. A person who knowingly makes a false statement in a complaint, or in proceedings before the Ethics Review Board, is subject to criminal prosecution for perjury or civil liability for the tort of abuse of process.

\_\_\_\_\_  
Signature of Individual Completing Complaint

Sworn to and subscribed before me by \_\_\_\_\_  
Printed Name of Individual Completing Complaint

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certify which, witness my hand and seal.

Seal of Notary Public

\_\_\_\_\_  
Signature of Notary Public

The form must be notarized before it is submitted. All documentation should be included when submitting the form. Return completed form, along with all relevant documentation to:

Office of the City Clerk  
Mailing Address:  
P.O. Box 839966  
San Antonio, Texas 78283-3966

Physical Address:  
City Hall  
100 Military Plaza, 1st. Floor  
San Antonio, Texas 78205