

CITY OF ATLANTA BOARD OF ETHICS **ETHICS COMPLAINT**

The Board of Ethics has jurisdiction over the Standards of Conduct in sections 2-801 to 2-825 of the City's Code of Ordinances. Section 2-803 requires the Ethics Office to send written notice to the subject of any formal ethics complaint. The Ethics Office shall dismiss complaints over which it has no jurisdiction.

PART ONE: PERSONS VIOLATING THE CODE OF ETHICS.

State the names, addresses, telephone numbers, and email addresses of persons whom you believe have violated the City of Atlanta Code of Ethics.

(1) Name:*	
City position or title:*	
Department or agency:*	
Work address:	
City:	State:Zip:
E-mail address:	Telephone:
(2) Name:	
City position or title:	
	State:Zip:
E-mail address:	Telephone:
(3) Name:	
City position or title:	
	State:Zip:
E-mail address:	Telephone:

(4) Name:		
City position or title:		
Department or agency:		
Work address:		
City:	State:Zip:	
E-mail address:	Telephone:	
	Ordinances that you believe was violated. To determine org/docindexer/code_standards_of_conduct_2017.pdf	
□ 2-808 Representing private interests be □ 2-809 Representing private interests be □ 2-810 Representing others after separar □ 2-811 Use of property and services □ 2-812 Participation in contracts □ 2-813 Disclosure of interests □ 2-814 Disclosure of income and financia □ 2-815 Disclosure of expense reimburser □ 2-816 Passes, tickets, and gratuities □ 2-817 Prohibition on giving or receiving □ 2-818 Solicitation □ 2-819 Disclosure of confidential informa	fore courts tion from employment (post-employment) al interests ments gratuities	
2-820 Incompatible interests (outside er 2-823 Whistleblower PART THREE: STATEMENT OF FACTS.* Describe the facts on which this complaint is ba	mployment; doing business with city) sed, including relevant dates, places, and actions.	
Describe what happened:		

Date(s):	
Place:	
PART FOUR: WITNESS INFORMATION. State the names, addresses, telephone numbers, and knowledge of the facts alleged or other information the	
PART FIVE: SUPPORTING DOCUMENTS. List any records or documents that would assist the E deliver to the Ethics Office any documentary evidence	
PART SIX: PERSON MAKING THE COMPLAINT (option of the sum of the su	
Name:	
Address:	
City:	State:Zip:
E-mail address:	Telephone:
I declare under penalty of perjury that I have complaint and, to the best of my knowledge, statement.	
Signature	_Date

Complaints should be hand delivered or sent to:

Ethics Office
68 Mitchell Street, SW, Suite 1100, Atlanta, Georgia 30303
Email: ethicsofficer@atlantaga.gov

Telephone: (404) 330-6286 Fax (404) 979-6785

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