



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

*The Board of Ethics has jurisdiction over the Standards of Conduct in sections 2-801 to 2-824 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:** \_\_\_\_\_

**Department or agency:** \_\_\_\_\_

**Work address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**(3) Name:** \_\_\_\_\_

**City position or title:** \_\_\_\_\_

**Department or agency:** \_\_\_\_\_

**Work address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_



Date(s): \_\_\_\_\_

Place: \_\_\_\_\_

**PART FOUR: WITNESS INFORMATION.**

*State the names, addresses, telephone numbers, and email addresses of persons with firsthand knowledge of the facts alleged or other information that could help.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART FIVE: SUPPORTING DOCUMENTS.**

*List any records or documents that would assist the Board of Ethics in its investigation. Please mail or deliver to the Ethics Office any documentary evidence that supports the facts.*

\_\_\_\_\_  
\_\_\_\_\_

**PART SIX: PERSON MAKING THE COMPLAINT (optional).**

*If you wish to remain anonymous, do not complete this part.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I declare under penalty of perjury that I have reviewed the information given in this complaint and, to the best of my knowledge, it is a true, accurate, and complete statement.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complaints should be hand delivered or sent to:

**Ethics Office**  
**68 Mitchell Street, SW, Suite 12130, Atlanta, Georgia 30303**  
**Email: [ethicsofficer@atlantaga.gov](mailto:ethicsofficer@atlantaga.gov)**  
**Telephone: (404) 330-6286 Fax (404) 658-6077**