

CITY OF ATLANTA ETHICS DIVISION ETHICS COMPLAINT

The City of Atlanta Ethics Division has jurisdiction over the Standards of Conduct in sections 2-801 to 2-825 of the City's Code of Ordinances. The Ethics Division 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:*		
Department or agency:*		
Work address:		
City:	State:Zip:	
E-mail address:	Telephone:	
(2) Name:		
City position or title:		
Department or agency:		
	State:Zip:	
E-mail address:	Telephone:	
(3) Name:		
City position or title:		
Department or agency:		
Work address:		
City:	State:Zip:	
E-mail address:	Telephone:	

(4) Name:	
City position or title:	
Department or agency:	
Work address:	
City:	State:Zip:
E-mail address:	Telephone:
PART TWO: SPECIFIC LAW VIOLATED.* State the section of the City's Code of Ordinances section applies, go to www.atlantaethics.org/docing	that you believe was violated. To determine which dexer/code_standards_of_conduct_2017.pdf
2-808 Representing private interests befor 2-809 Representing private interests befor 2-810 Representing others after separation 2-811 Use of property and services 2-812 Participation in contracts 2-813 Disclosure of interests 2-814 Disclosure of income and financial in 2-815 Disclosure of expense reimburseme 2-816 Passes, tickets, and gratuities 2-817 Prohibition on giving or receiving grazes 2-818 Solicitation 2-819 Disclosure of confidential information 2-820 Incompatible interests (outside emp 2-823 Whistleblower PART THREE: STATEMENT OF FACTS.* Describe the facts on which this complaint is based	n from employment (post-employment) Interests Ents Atuities In loyment; doing business with city) Interests Interests
Describe what happened:	

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.			
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PART FIVE: SUPPORTING DOCUMENTS. List any records or documents that would assist the Ethics Division in its investigation. Please mail or deliver to the Ethics Office any documentary evidence that supports the facts.			
PART SIX: PERSON MAKING THE COMPLAINT (option If you wish to remain anonymous, do not complete this p	part.		
Name:			
Address:			
City:	State:	Zip:	
E-mail address:			
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 1100, Atlanta, Georgia 30303
Email: ethicsofficer@atlantaga.gov
Telephone: (404) 330-6286 Fax (404) 979-6785

Rev. 01/28/2020