

TOWN OF WALLINGFORD, VT  
MUNICIPAL ETHICS COMPLAINT FORM

Town of Wallingford, VT

Date: \_\_\_\_\_

**ATTN: Designated Complaint Recipient**

State law (24 V.S.A. § 1997) requires municipalities to enact procedures to 1) investigate complaints that allege a municipal officer has violated the Municipal Code of Ethics, and 2) to enforce against substantiated complaints, including developing methods of enforcement and available remedies.

Your Contact Information  
Type or print clearly

Your name (complaints can be anonymous):

Address:

Municipality:

State:            Zip:            E-mail:

Telephone:

1. Who is this complaint against? Name, and job title or position. Please file a separate complaint for each individual you complain against.

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2. Date(s) of the alleged violation(s):

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3. How has this person violated the Municipal Code of Ethics? Describe fully. Be specific and provide as much detail as possible. Attach any documentation that supports your claim(s). 1

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4. If you can, please indicate which law, rule, or other legal requirement you believe has been violated. \_\_\_\_\_

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\_\_\_\_\_

5. Provide the names and contact information for anyone else who may have information regarding this complaint. \_\_\_\_\_

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6. Has the conduct you describe above been the subject of a prior complaint? If yes, please explain. \_\_\_\_\_

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7. Is there anything else the Designated Complaint Recipient should know about this complaint?

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Attach additional pages as necessary.

I certify that the information provided in this complaint is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this complaint.

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

Submit by email to: Designated Complaint Recipient at townadmin@wallingfordvt.com. Enter "Complaint" in subject line OR by USPS mail to: Town of Wallingford, 75 School Street, Wallingford, VT 05773, Attn: Designated Complaint Recipient.