



CITY OF TALLAHASSEE INDEPENDENT ETHICS OFFICE

SWORN COMPLAINT FORM

PLEASE NOTE: IF YOU WISH TO REMAIN ANONYMOUS, YOU SHOULD CALL THE TALLAHASSEE ETHICS HOTLINE AT (850) 891-8813.

1. COMPLAINANT (PERSON BRINGING COMPLAINT):

Name: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Contact Information (email, phone number, etc.): _____

2. RESPONDENT (PERSON AGAINST WHOM COMPLAINT IS MADE)

State the name, office held or job title, address, and contact information of the person whom you believe may have violated the City of Tallahassee Ethics Code. (Please limit each complaint to one Respondent.)

Name: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

City position or Title: _____

Contact Information (email, phone number, etc.): _____

Have you also filed this complaint with the State Attorney's Office, law enforcement, Florida Commission on Ethics, or any other agency? YES NO

If you have answered YES, please list on a separate sheet of paper all applicable agencies.

3. ALLEGED VIOLATION(S):

The Tallahassee Independent Ethics Board has jurisdiction to address only violations of the Tallahassee Ethics Code. The Ethics Board cannot address general complaints of unethical behavior. Your Complaint must allege a specific violation of the City of Tallahassee Ethics Code that you believe was violated by a specific person. You can review the Tallahassee Ethics Code on the Ethics Board webpage at <http://www.talgov.com/Main/ethics-hotline.aspx>.

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ALLEGED VIOLATION(S)

- Misuse of Public Position (Ord. Code Sec. 2-8.)
- Failure to Disclose Offers of Influence/Employment (Ord. Code Sec. 2-12.)
- Solicitation or acceptance of gifts (Ord. Code Sec. 2-15.)
- Disclosure or use of non-public information (Ord. Code Sec. 2-17.)

Identify the facts and actions that you believe support the violation(s) you allege, including the dates when the action(s) occurred (attach extra pages or write on the back if needed).

List the names and contact information of persons, other than yourself, who also have knowledge of the alleged violation or who may have been witness to it.

NAME:

CONTACT INFORMATION:

Verification pursuant to Section 92.525, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Complaint Form and that the facts stated in it are true.

Signature

Printed Name

Date

OFFICE USE ONLY

Rec'd by: _____

Date: _____

Case No.: _____

Approved: 06/16/2020

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SWORN COMPLAINT FORM INSTRUCTIONS AND PROCEDURES

BACKGROUND

The Tallahassee Independent Ethics Board was created in accordance with voters' approval of a City Charter amendment during the General Election held on November 4, 2014. Pursuant to Section 61 of the City Charter, the Tallahassee Independent Ethics Board shall "have the authority to investigate complaints and to levy those civil penalties as may be authorized by the City Commission for violations of the City's ethics code[.]" The Ethics Board has jurisdiction to address complaints related to the following circumstances:

- (1) Misuse of Public Position (Ord. 2-8.)
- (2) Failure to Disclose Offers of Influence/Employment (Ord. 2-12.)
- (3) Solicitation or acceptance of gifts (Ord. 2-15.)
- (4) Disclosure or use of non-public information (Ord. 2-17.)

Upon submission of the above Sworn Complaint Form, the Tallahassee Independent Ethics Officer shall review to determine legal sufficiency. A Sworn Complaint Form shall be found legally sufficient if:

- (1) The Sworn Complaint Form is in writing and executed on the above form.
- (2) The Sworn Complaint Form alleges facts that, if true, would constitute a violation of the Tallahassee Ethics Code.
- (3) The Sworn Complaint Form is signed under oath by the person submitting the complaint.

CONFIDENTIALITY OF COMPLAINT

The records and proceedings resulting from a legally sufficient Sworn Complaint Form are confidential until the Tallahassee Independent Ethics Board rules on probable cause. A copy of the Sworn Complaint Form, however, will be sent via Certified Mail to the Respondent (person against whom the complaint is filed) within twenty (20) days of its receipt by the Tallahassee Independent Ethics Officer.

SUBMISSION OF SWORN COMPLAINT FORM

Please deliver your completed Sworn Complaint Form either in person or by U.S. Mail to the Tallahassee Independent Ethics Office, 300 S. Adams St., Tallahassee, FL 32301. Please make the envelope "confidential." You may also email the Sworn Complaint Form to the Tallahassee Independent Ethics Officer by electronic mail to ethics@talgov.com. For submissions by email, please include the word "CONFIDENTIAL" at the beginning of the email subject line.