



MACOMB COUNTY ETHICS BOARD COMPLAINT FORM

Matters affecting the ethical conduct of a Macomb County Public Servant allegedly contrary to Enrolled Ordinance No. 2016-3, commonly known as the “Ethics Ordinance.”

Complainant Name (Full name)			
e-Mail Address		Telephone Number	
Street	City	State	Zip Code
Public Servant (Name of complaint concerned Macomb County elected official, appointed official or employee)			

Check () , specify the standard(s) of prohibited conduct contained in Macomb County Enrolled Ordinance 2016-3 adopted August 18, 2016 that were allegedly violated.

Please refer to Ordinance (www.ethicsboard@macombgov.org) for information regarding provisions of Articles 2 and 3 before filing a detailed, evidence-based Ethics Complaint using this form.

ARTICLE 2: STANDARDS OF CONDUCT

- GENERAL STANDARD OF CONDUCT:** Sec. 2.1. A., B., C., D., E., F. and/or G.
- CONFLICTS OF INTEREST:** Sec. 2.2. A., B. and/or C.
- OTHER PERSONAL INTERESTS:** Sec. 2.3. A., B., C. and/or D.
- INFORMATION, REPRESENTATIONS, AND OPINIONS:** Sec. 2.4. A., B., C. and/or D.
- GIFTS and GRATUITIES:** Sec. 2.5. A., B. and/or C.
- INCOMPATIBLE EMPLOYMENT:** Sec. 2.6. A. and/or B.
- NEPOTISM:** Sec. 2.7. A., B., C., D., E., G. and/or H.
- INAPPROPRIATE USE of COUNTY TIME and PROPERTY for POLITICAL ACTIVITY:** Sec. 2.8. A., B. and/or C.
- USE of PUBLIC ASSETS for PRIVATE PURPOSES:** Sec. 2.9.

ARTICLE 3: DISCLOSURE STATEMENT

- PERSONAL DISCLOSURE for PUBLIC SERVANTS:** Sec. 3.1. A., B., C. and/or D.
- PERSONAL DISCLOSURE for VENDORS:** Sec. 3.2.

Use this space for thoroughly and specifically explaining alleged violations of the Macomb County Enrolled Ordinance 2016-3, Sections 2 and/or 3. Provide evidentiary facts and dates, not personal opinion, supporting the allegations detailing who, what, where, when, and why. Form may be submitted to the Ethics Board via U.S. Mail or e-Mail. (Attach additional sheet(s), if necessary.)

By affixing your signature below, you are affirming that you (1) have read this complaint and know its contents, and (2) believe the alleged violation(s) to be true.

Complainant Signature

Printed Complainant Name

Notary Signature

, Notary Public

Printed Notary Name

State of Michigan, County of Macomb, Acting in Macomb County

Notary Stamp

My Commission Expires

Date Notarized

MAIL ORIGINAL NOTARIZED FORM TO:

MACOMB COUNTY ETHICS BOARD
120 North Main Street
Mt. Clemens, MI 48043

OR

E-MAIL SCANNED, NOTARIZED FORM TO:

ethicsboard@macombgov.org