



MACOMB COUNTY ETHICS BOARD COMPLAINT FORM

For purposes of reference and convenience, Enrolled Ordinance No. 2019-05 can be found at the Macomb County Ethics Board Website (<https://ethics.macombgov.org/Ethics-Home>).

Complaint(s) relative to alleged ethical misconduct by Macomb County employed public servants must be based upon content of Sections 4. through 9. of Enrolled Ordinance No. 2019-05, commonly known as the "Ethics Ordinance."

Such Complaints will be evaluated and acted upon by the Ethics Board in accordance with the Ordinance and Home Rule Charter of Macomb County, Michigan.

Complaint 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)		
<p>Check (<input checked="" type="checkbox"/>) generalized standard(s) of conduct below to which you allege as having been violated by the Public Servant named above:</p> <p><input type="checkbox"/> SECTION 5. GENERAL STANDARDS OF CONDUCT AND SUB-SECTIONS THERETO.</p> <p><input type="checkbox"/> SECTION 6. CONFLICTS OF INTEREST AND SUB-SECTIONS THERETO.</p> <p><input type="checkbox"/> SECTION 7. PUBLIC SERVANT MANDATORY DISCLOSURES AND SUB-SECTIONS THERETO.</p> <p><input type="checkbox"/> SECTION 8. VENDOR MANDATORY DISCLOSURES AND SUB-SECTIONS THERETO.</p> <p><input type="checkbox"/> SECTION 9. NEPOTISM AND SUB-SECTIONS THERETO.</p>		
Summarize main primary concerns of the complaint:		

Use this space for thoroughly and specifically explaining alleged violation(s) of the Enrolled Ordinance No. 2019-05, commonly known as the "Ethics Ordinance." Provide evidentiary facts, not personal opinion, supporting the detailed allegation(s) in terms of who, what, where, when, why, etc.; as well as your recommended outcome to resolve the matter. Attach additional pages of documented information 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