



City of Sioux Falls Board of Ethics Complaint Form

Name of Complainant: _____

Address: _____

Telephone Number: _____

Date Filed: _____

Please cite section of ethics ordinance violated: _____

Statement of the complaint alleging violation of the City's Ethics Ordinance.
Include names of individuals, locations, and dates, as applicable.

I have initiated the above complaint. The information provided is true to the best of my knowledge and belief.

Signature

Date

State of _____

County of _____

On this the _____ day of _____, 20____, personally appeared before me,
_____, to be the signer of the foregoing document,
and he/she acknowledges that he/she signed it.

Notary Public
My Commission expires: _____

Received by:

Name

Date

Please return completed form to the City Attorney's Office.