



City of Sioux Falls Board of Ethics Complaint Form

Name of Complainant: _____

Address: _____

Telephone Number: _____

Email Address: _____

Please cite section of ethics ordinance violated: _____

Statement of alleged violation of the City's Ethics Ordinance(s). Please be specific and 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. Pursuant to Sections 35.035 and 35.058(b) of the Code of Ordinances of Sioux Falls, SD, this complaint shall remain confidential unless the accused elects to waive confidentiality. I understand that I am bound by this confidentiality provision. I further understand that a violation of this confidentiality provision may result in the dismissal of this complaint.

Signature

Date

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—South Dakota
My Commission expires: _____

Received by:

Name

Date

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