

ETHICS COMPLAINT FORM

Guidelines For Use

These guidelines are provided to help the Complainant (the person filling out this form) understand how to use the form and what will happen to the form after it is submitted. This is a summary of the procedure only, and is in no way to be read as a substitute for the details provided in the Township of Ada Standards of Conduct for Public Officers and Employees (hereafter referred to as Standards of Conduct).

When to Use This Form

All of the following must apply:

- You have knowledge of an ethics violation by a township official and/or an employee
- You have read the Standards of Conduct
- You have exhausted all other methods of getting this complaint addressed
- > The person against whom you are complaining is a township official and/or an employee
- You are a resident, employee or public official of Ada Township

Next Steps

Once you have filled out this form, a formal procedure is followed by the Ethics Board in order to ensure both you and the individual against whom you are lodging this complaint are treated fairly.

- You must submit this signed form to the Township Clerk's office no later than the second (2nd) Monday of the month
- 2. On the third (3rd) Monday of the month, the Ethics Board will review the complaint.
- 3. If the Complaint is properly completed, an investigation and additional hearings may be convened.

Public versus Nonpublic

Please be aware that it is in the best interest of the public's right to know under Michigan State law that all proceedings and documentation of the Ada Township Ethics Board be public. Therefore:

- 1. This form is subject to disclosure under Michigan's Freedom of Information Act.
- The Ada Township Ethics Board may consider a matter in closed session but only for those reasons described in the Open Meetings Act. That Act contains no general exception for matters considered by an Ethics Board.

COMPLAINT FORM

Complainant: (Person(s) Filing Complaint:)

Name:	Name:
Address:	Address:
Contact Phone: () - Business Name (if applicable):	Contact Phone: () - Business Name (if applicable)
Address:	Address:
Contact Phone: () -	Contact Phone: () -
Respondent: (Person Named in this Complaint)	
Name:	
Title of Position:	
Date of Violation Occurred:	
Standards of Conduct Section Violated: Page	_ Section:
Alleged Violation (Please be <u>SPECIFIC</u>):	

Please describe yo	our actions taken to exhaust all other avenues of relief available within township
government. If the	Respondent is a township employee, please describe why you are dissatisfied with
the disposition of th	ne complaint by the employee's supervisor.
Name of the second seco	
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valid violation of that or I/we affirm tha I/we affirm tha within Ada Too I/we knowingly contents of thi I/we agree that	t all of the information in this petition is true and accurate. t l/we have exhausted all other avenues of relief available to me/us
Signature: Date Signed:	
Printed Name:	
Signature: Date Signed:	
Date Received	

Ada Township Clerk