

Print Legibly



Recvd. by: _____

Date: _____

Time: _____

CONFIDENTIAL

COUNTY OF KAUA'I
BOARD OF ETHICS

FORMAL COMPLAINT

I, _____,
whose residence address is _____, and
whose mailing address is _____, and
whose bus. phone is _____ and whose resident phone is _____, do hereby
affirm that the information given by me is true and correct to the best of my knowledge and belief.

The above-named applicant makes the following complaint against:

_____, _____ of the
Name of Employee / Official Position

_____ whom I believe to be in
Name of Department / Board / Commission

violation of Kaua'i County Charter Article XX, section: _____

The charge is based on the following factual information or observations:

COMPLAINT: _____

DATE OF OCCURRENCE: _____ TIME OF OCCURRENCE: _____

PLACE OF OCCURRENCE: _____

WITNESSES: Please list names, if any, and attach their statement.

COMPLAINANT'S STATEMENT

All complaints shall contain a concise statement of the facts constituting the alleged violation of Article XX, the name and position of the respondent, and shall be signed under oath by the complainant (Kaua'i County Board of Ethics Rules & Regulations Rule 6, 6.1(a)):

Certification – MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Signature Date

Doc. Date: _____ **# Pages:** _____

Doc. Description: _____

Notary Name: _____ **Circuit** _____

Subscribed and sworn to before me this _____ **day of** _____, **200**__

Notary Public, State of Hawai'i
My commission expires: _____