

ETHICS HEARING BOARD
CITY OF PITTSBURGH
COMPLAINT

FOR OFFICIAL USE ONLY

Send completed form to:
Ethics Hearing Board
City of Pittsburgh
Law Department
3rd Floor, City County Bldg
Pittsburgh, PA 15219
(412) 255-2015

1. Identify the person against whom you are filing this Complaint:

Name : _____ Title/ Position: _____
Office Address _____ Phone: Work _____
_____ Home _____

2. Explain in detail why you believe that the individual named above may have violated the City of Pittsburgh provisions. Attach additional sheets of paper if necessary.

3. Attach or make reference to any documents, materials, minutes, resolutions or other evidence which support your allegations.

4. Sworn to and subscribed before me this
____ day of _____, 2000.

(NOTARY PUBLIC)

My Commission expires:

I swear to affirm, under penalty of perjury that the facts set forth in this complaint are true and correct to the best of my knowledge, information and belief.

Signature

Print your name _____

Home Address: _____

Phone Numbers: Home _____
Work _____