

TOWN OF GRAFTON, NY
2372 Rte. 2
PO Box G
Grafton, NY 12082

BOARD OF ETHICS

SWORN COMPLAINT

The Board of Ethics of the Town of Grafton, NY is authorized to investigate claimed violation(s) of the Town's Code of Ethics, Local Law # 1 of 2021 which replaces all previous and related regulations.

Complainant's Name: _____
Complete address: _____
Phone: _____
Email: _____

Please provide a detailed, factual description of the suspected violation of the Town's Code of Ethics. Include the identity of the individual(s) involved and the date, time and place of the occurrence. Supporting information such as documents and/or exhibits should be included.

(Use additional pages as necessary)

If this matter has been reported to any other investigative group(s), please identify it/them:

Are you aware of pending litigation regarding this matter? If so, please note when and where:

I, _____ am responsible for this complaint and any supporting documents. To the best of my knowledge, I believe it to be true. I understand that submission of false and/or defamatory claims are punishable by law.
Date: _____

This form must be mailed or submitted to the Town Clerk in a sealed envelope clearly addressed to the Town of Grafton Board of Ethics. The Board of Ethics will respond to the complainant with a notification of receipt within fifteen (15) days.