

**City of San Marcos Ethics Review Commission
Ethics Violation Complaint Form**

*All fields **MUST** be completed for complaint to be considered.*

Complainant Information:

Name: (please print) _____

Address: _____

Phone number: _____

Fax number/email address: _____

Who is the complaint against:

Name: _____

Position with City: _____

MUST specify what law you allege was violated:

___ City Ethics Ordinance, Section(s) _____

___ State Conflict of Interest Statute (Local Government Code Chapter 171)

Briefly state in your own words the facts that lead you to believe a violation has occurred:

Please attach a copy of all documents upon which you are relying as a basis for this complaint.

By submitting this complaint, you acknowledge the following:

1. You have reviewed a copy of the City Ethics Ordinance and the Ethics Review Commission Rules of Procedure.
2. You may be asked to appear at the hearing to present evidence to establish the alleged violation.
3. When completed submit your form by mail to the City Attorney's Office, 630 E. Hopkins, San Marcos, TX 78666, e-mail: mcosentino@sanmarcostx.gov or fax to 855.759.2846.

Signature

Date

Legal Department Use Only

Date complaint received: _____ Person receiving complaint: _____