City of St. Matthews, Kentucky P.O. Box 7097 Louisville, KY 40257 Phone (502) 895-9444

ETHICS COMPLAINT

The St. Matthews Board of Ethics investigates complaints alleging violations of the Ethics Ordinance (Chapter 36) upon receipt of a written, sworn complaint filed in accordance with the City of St. Matthews Ethics Ordinance. Please type or print your complaint legibly in black or blue ink. Please file your complaint with an original notarized signature. The Board of Ethics will not accept a copy of your signature.

1.	Your Name:		
	Your Telephone Number:		
2.	Name and address (if known) of person(s) who you believe may have violated the Ethics Ordinance of the City of St. Matthews:		
3.	Nature of violation (if possible, state the section of the Ethics Ordinance which you believe may have been violated):		
1.	Explain why you believe the Ethics Ordinance may have been violated. State the facts and approximate dates in support of the allegations. Please be simple, concise, and direct. Attach additional sheets if necessary.		
	(Continued on next page)		

	gainst will receive a copy of your complaint and will be the allegations pursuant to City of St. Matthews Ethics
	duly sworn, swear or affirm that I have knowledge and that the information contained herein is true and
Sign	nature of Complainant
Sworn, subscribed, and acknow	vledged before me by
this the day of	,20
NOTARY PUBLI	IC
My commission expires:	My Notary Number is: