



**TOWN OF ENFIELD**  
ETHICS COMMISSION

**COMPLAINT**

*Please print or type in all fields. Attach additional page(s) as necessary. Any person who knowingly files a false Complaint may be subject to criminal prosecution in accordance with Connecticut General Statutes (C.G.S.) §53a-157b, False Statement in the Second Degree. When completed, this Complaint should be treated with confidentiality pursuant to C.G.S. §1-82a.*

I hereby register a Complaint with the Ethics Commission. This Complaint regards the following Code of Ethics Violation. *Provide a clear statement(s) on the circumstances or allegations.*

Individual(s) responsible for this violation:

Full Name(s):

Title/Position(s) with Town:

This occurred (*note date, time, and location*):

Witnesses and/or other Persons Involved (*include their contact information as applicable*):



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**Contact Information of Person making this Complaint (*Complainant*):**

Full Name:

Position/Title:

Mailing Address:

Telephone:

Email:

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I certify that the information provided is true to the best of my knowledge and the statements indicate a possible violation of the Code of Ethics as described above.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before:

\_\_\_\_\_  
Notarization Signature

\_\_\_\_\_  
Date

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Mail or Deliver to:  
*Enfield Ethics Commission  
C/O Town Manager's Office  
820 Enfield Street  
Enfield, CT 06082*