

Muncie Ethics Commission

Rule Adopting Complaint Form

Purpose

To adopt a complaint form for use by the public in reporting an alleged violation of the City of Muncie Code of Ordinances entitled "Code of Ethics."


I. Complaint Form and Instructions

The complaint form including instructions for its completion are attached to this rule.

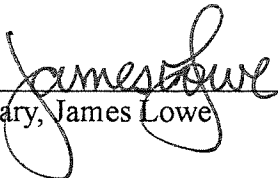
II. Availability of the Complaint Form and Instructions

1. A printable complaint form and instructions shall be made available for download from the Muncie Ethics Commission page on the City of Muncie website.
2. Paper copies of the complaint form and instructions shall be made available at the City Clerk's office.

Approved this 26TH day of FEBRUARY, 2025



Chair, Charles Taylor



Secretary, James Lowe

COMPLAINT NUMBER _____

**City of Muncie, Indiana
Ethics Commission
ETHICS VIOLATION COMPLAINT FORM**

Section 42.01 of the Code of Ethics authorizes the Commission to receive written complaints from any individual of any alleged violation of the Code of Ethics.

Once completed, submit this form and any attachments to:

**Chair of the Ethics Commission
c/o Muncie City Clerk
300 N High St
Muncie, IN 47305**

COMPLAINANT INFORMATION (Person filling out this form)

Name: _____

Phone number: _____ Email: _____

Mailing Address: _____

For Office Use Only:

Dates:	Action Date	_____	_____	_____
a. Accepted	Notice Date	_____	_____	_____
b. Respondent notified	Dismissed:			
b. Initial review	42.01 (D) (1)	[]	[]	[]
	42.01 (D) (2)	[]	[]	[]
Notes:	42.01 (D) (4)	[]	[]	[]
	42.01 (D) (5)	[]	[]	[]
	Undisputed:			
	42.01 (D) (3)	[]	[]	[]
	Forwarded:			
	42.01 (A)	[]	[]	[]
	42.01 (D) (5)	[]	[]	[]
	Further investigation:			
	42.01 (D) (6)	[]	[]	[]
	Hearing scheduled:			
	42.01 (D) (7)	[]	[]	[]

COMPLAINT NUMBER _____

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RESPONDENT INFORMATION (Person allegedly violating the code of ethics.)

Name: _____

Position or Office: _____

Board/Agency/Department: _____

(Additional Respondents may be listed in the narrative below.)

COMPLAINT DETAILS

Please describe, with as much detail as possible, the situation, circumstance or issue regarding the alleged violation, including the **nature, date, time, and location of each occurrence**, and any other pertinent information which supports your allegations.

[] Check box if description is continued on additional sheets.

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List any witnesses to the alleged violation(s):

Do you have, or know of, any additional evidence of the alleged violation?
(Please list documents, materials, voice/video records, or other evidence which support the allegations.)

- ✓ A copy of this complaint will be provided to the Respondent within 7 days of this filing as required by Section 42.01 (B).

If you are a **City of Muncie employee**, you have the option to request your identification be withheld from the copy of the complaint provided the respondent until such time disclosure is required.

Are you a City of Muncie employee?	Yes	No
If yes, do you wish to have your identity withheld at this time?	Yes	No

I affirm that the facts set forth in this complaint are true and correct to the best of my knowledge and belief.

Signature *(Signature required for acceptance)*

Date