

**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