**Ethics Complaint**

*Town of Bar Harbor, Maine*

**Subject of the Complaint**

Enter the name of the person whom you allege violated the Ethics Ordinance.

**Instructions**

File this form with the Town Clerk. The Ethics Ordinance governs the handling of ethics complaints and requires that the Town Clerk reject your complaint if this form is incomplete, improperly completed or alleges an offense occurring more than five years prior to the date of filing.

Article III, §78-16 M.(5)

**Person Alleged to Have Violated the Ethics Ordinance**

<table>
<thead>
<tr>
<th>Subject’s Name</th>
<th>Date of Violation</th>
<th>Time of Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>___________________</td>
<td>___________________</td>
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</tbody>
</table>

**Location of Violation**

________________________________________________________

**Board, Committee or Other Agency Upon Which the Subject Serves**

________________________________________________________

**Nature of the Alleged Offense**

**Town Code Section Alleged to Have Been Violated:** Section 78- ________________

**State Law Section Alleged to Have Been Violated:** MRSA ________________

**Quotation of the Law Alleged to Have Been Violated**

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Feel free to attach additional pages as needed.
Nature of the Alleged Offense (Continued)

Narrative Description of the Events Alleged to Have Occurred

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
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Feel free to attach additional pages as needed.
Your Contact Information

Complainant’s Name ___________________________ Phone ___________________________

Please Print or Type

Mailing Address ___________________________________________________________________________

E-Mail Address ___________________________________________________________________________

Confidentiality*

During the filing of a complaint, preliminary review, investigation and hearing, no allegation, complaint, report, or information supplied to, generated by or received from the Commission, shall be disclosed to any third party by a complainant, accused, witness, designated party, employee, member or Commissioner, except upon the written request of the accused…

If the Commission makes a finding of no violation, the complaint and the record of its investigation shall remain confidential, except upon the request of the accused. No complainant, witness, designated party, employee or Commissioner shall disclose to any third party any information learned from the investigation, including knowledge of the existence of a complaint, which the disclosing party would not otherwise have known.

If the Commission makes a finding of violation: . . . . (c) The Town Clerk shall make the finding and any discipline public not later than five business days after the termination of the hearing.

See Town Code §78-16M(4);O(1)(2)

Affirmation of the Complainant

I do hereby affirm that the information provided by me is true and correct to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegations made by me either orally or in writing to any person investigating this complaint may subject me to civil and/or criminal prosecution. Further, I understand that I am required by the Ethics Ordinance to maintain strict confidentiality in regards to this complaint, its investigation and findings.

_________________________ __________________________
Complainant’s Signature Date

Witnessed by: ___________________________ __________________________
Town Clerk’s Signature Date

Checklist for Town Clerk’s Review

At what date ___________ and time ___________ was this complaint form received?

Yes ___ No ___ Was this form received within five years of the alleged violation?

Yes ___ No ___ Have all blanks on this form been completed?

Yes ___ No ___ Has this form been properly completed?

Yes ___ No ___ Have other pages been appended to this form?

If additional pages have been added, how many pages are in the complete document? ___________

_________________________ __________________________
Town Clerk’s Signature Date