Print Form

El Paso County Ethics Commission 800 E. Overland, Rm 223 El Paso, Texas 79901 (915) 546-2218 www.epcounty.com

SWORN COMPLAINT BEFORE THE EL PASO COUNTY ETHICS COMMISSION

An individual must be at least 18 years of age to be eligible to file a sworn complaint with the El Paso County Ethics Commission. Complaints must be sworn to and signed in front of a Notary Public or other Authorized Official.

A complaint must be filed within 180 days of the date the alleged conduct is discovered. The Standing Preliminary Review Committee may waive the 180 day filing deadline for good cause shown. In no event, may a complaint be filed later than 2 years from the date of the alleged conduct. If the 180th day falls on a day the County is not open for business, the complaint may be filed by the end of the next County business day.

A complaint is considered filed on the date it is hand-delivered to the commission or on the date that it is deposited in the mail or with a common or contract carrier, properly addressed, with postage prepaid.

OFFICE USE ONLY

Docket Number

Date Hand-delivered or Date Postmarked

I. IDENTITY OF PERSON MAKING COMPLAINT (COMPLAINANT)

1 COMPLAINANT NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

2 COMPLAINANT PHYSICAL ADDRESS

ADDRESS | APT / SUITE #; | CITY; | STATE; | ZIP CODE

(Full home or business address, including street, city, state, and zip code)

3 COMPLAINANT MAILING ADDRESS

☐ **(check if same as above)**

ADDRESS | APT / SUITE #; | CITY; | STATE; | ZIP CODE

(Full home or business address, including street, city, state, and zip code)

4 COMPLAINANT TELEPHONE NUMBER

AREA CODE | PHONE NUMBER | EXT

5 COMPLAINANT E-MAIL ADDRESS

II. IDENTITY OF PERSON COMPLAINED ABOUT (RESPONDENT)

6 RESPONDENT NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

7 RESPONDENT POSITION OR TITLE

8 RESPONDENT PHYSICAL ADDRESS

(IF KNOWN)

ADDRESS | APT / SUITE #; | CITY; | STATE; | ZIP CODE

(Full home or business address, including street, city, state, and zip code)

9 RESPONDENT MAILING ADDRESS

☐ **(check if same as above)**

ADDRESS | APT / SUITE #; | CITY; | STATE; | ZIP CODE

(Full home or business address, including street, city, state, and zip code)

10 RESPONDENT TELEPHONE NUMBER

(IF KNOWN)

AREA CODE | PHONE NUMBER | EXT

11 RESPONDENT E-MAIL ADDRESS

(IF KNOWN)

GO TO PAGE 2

III. NATURE OF ALLEGED VIOLATION

Include the nature of the alleged violation, including the specific rule or provision of the ethics code alleged to have been violated.

ATTACH ADDITIONAL PAGES AS NEEDED

IV. STATEMENT OF FACTS

State the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to the complainant, but alleged on information and belief. Please use simple, concise, and direct statements.

ATTACH ADDITIONAL PAGES AS NEEDED

V. LISTING OF DOCUMENTS AND OTHER MATERIALS

List all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint that you are not able to obtain, including their location, if known.

ATTACH ADDITIONAL PAGES AS NEEDED

VI. AFFIDAVIT

BASED ON PERSONAL KNOWLEDGE

(Execute this affidavit if the acts alleged are within your direct personal knowledge.)

I, _____, _____ complainant, swear that I am at least 18 years of age. I swear that I have knowledge of the facts alleged in this complaint and that the information contained in this complaint is true and correct.

_____

Signature of Complainant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____ , to certify which, witness my hand and seal of office.

_____

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

VII. AFFIDAVIT

BASED ON INFORMATION AND BELIEF

(Execute this affidavit if the acts alleged are not within your direct personal knowledge, but are based on reasonable belief.)

I, _____, _____ complainant, swear that I am a at least 18 years of age. I swear that I have reason to believe and do believe that the violation alleged in this complaint has occurred. The source of my information and belief is:

_____

_____

_____

_____

Signature of Complainant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____ , to certify which, witness my hand and seal of office.

_____

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath