

ETHICS COMMISSION
117 W. Duval Street, Suite 450
Jacksonville, FL 32202
(904) 630-1680
ethicscommission@coj.net

CONFIDENTIAL COMPLAINT FORM

**PLEASE NOTE: IF YOU WISH TO REMAIN ANONYMOUS, YOU
SHOULD CALL THE ETHICS HOTLINE AT 630-1015**

The Commission's records and proceedings in a case are confidential until the Commission rules on probable cause. A copy of the complaint will be provided to the person against whom the complaint is brought.

1. PERSON BRINGING COMPLAINT:

Name: _____ Work Phone: (____) _____

Address: _____ Home Phone: (____) _____

City: _____ County: _____ State: _____ Zip Code: _____

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Name of Individual: _____

Address: _____ Phone: (____) _____

City: _____ County: _____ State: _____ Zip Code: _____

Have you also filed this complaint with the State Attorney's Office or any other agency?
(check one) ☐ Yes ☐ No If yes, please list all agencies. (use back of form)

3. Alleged Violation(s):

Please list the provision of the Jacksonville Ethics Code (Section 602) or the Florida Ethics Code, Section 112, Florida Statutes, that you believe the person named above may have violated. The Commission has jurisdiction only to address the following laws: Chapter 112, Florida Statutes and Chapter 602, Jacksonville Ordinance Code.

You can review the local ethics code, chapter 602, on the Ethics Officer's webpage;

<http://www.coj.net/Departments/Ethics+Office/Ethics+Code+.htm>

Florida law, Chapter 112, can be found at: www.ethics.state.fl.us (ethics laws)

For each alleged offense, please list the following:

- √ The facts and actions that you believe support the violations you allege,
- √ The names and telephone numbers of persons you believe may be witnesses to the facts,
- √ A copy of the documents you mention in your statement, and
- √ Other Evidence that supports your allegations.

Additional materials attached (check one) ☐ Yes ☐ No

5. **OATH**

State of Florida

County of _____

I swear or affirm that the above information is true and correct to the best of my knowledge.

Original signature of person bringing complaint

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Officer Authorized to Administer Oaths or Notary Public

(Print, type or stamp commissioned name of Notary Public)

Personally know _____ OR Produced Identification _____

Type of Identification Produced _____

Please deliver (in person or by mail) your complaint to the Ethics Officer, Suite 450 City Hall, 117 West Duval Street, Jacksonville, Florida. Mark on the envelope "confidential". You can also email it to the Ethics Officer at ethics@coj.net or bring it to a regularly scheduled Ethics Commission hearing. (see coj.net Ethics Commission webpage for meeting dates.)