ETHICS VIOLATION COMPLAINT FORM

To the best of my knowledge, information and belief formed after reasonable reflection, I believe that the information given in this inquiry is true. I request the City of West Buechel Ethics Commission to evaluate the information given here and to take appropriate measures in accordance with the procedures outlined in the City of West Buechel Ethics Code, Ordinance no. 318, Series 2025.

Printed Name of Person Filing Complaint: _____

Home/Work Address, City, State, and Zip Code of Person Filing Complaint:

_____

_____

Home/Work Telephone of Person Filing Complaint: _____

City Officer, Official, or Employee that I wish the City of West Buechel Ethics Commission to review:

Name, Position, or Job Title (if known): _____

Work Telephone (if known): _____

Note: If you wish to file an inquiry about more than one person, you must file a separate inquiry form (and any attachments) for each person.

Please describe the facts that you believe constitute a violation of the City of West Buechel Code of Ethics in sufficient detail so that the Ethics Commission and the person who is the subject of the inquiry can understand the nature of the alleged violation. Give as much detail as possible, including approximate dates, names, etc. Add extra sheets if needed and attach copies of any pertinent documents.

_____

_____

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_____

_____

_____
Signature of Person Filing Complaint

_____
Date

Note: A copy of the inquiry will be sent to the person who is the subject of the inquiry and may be made available to the public. You may email the complaint to c.mccurdy@westbuechelky.gov, mailing address 3705 Bashford Avenue, Louisville, KY 40218 or drop it in the Ethics Complaint box at City Hall.