

Office of Ethics Complaint Form

In accordance with Connecticut General Statutes, Chapter 10, Section 1-82 et seq.

Note: A complaint must be filed in confidence pursuant to Connecticut General Statutes Section 1-82a.

**Office of Ethics
P.O. Box 162
Marlborough, CT 06447**

**By Appointment Only
860-775-5491**

Explain the conduct that you believe violate the Marlborough Code of Ethics and identify the person who you believe committed the violation:

*Which sections of the Marlborough Code of Ethics do you believe were violated? Please be specific (e.g., Section 9-2).

*Is there any additional information or evidence that may be helpful in addressing this complaint?

Your Name (Leave blank to remain anonymous):

Telephone Number (Leave blank to remain anonymous):

E-mail address (Leave blank to remain anonymous):

I understand that I must keep this complaint confidential. Otherwise, the complaint may be dismissed.