



MACON-BIBB COUNTY
ETHICS COMPLAINT FORM

1. Instructions.

- Read the entire form before you begin to answer.
- Answer all questions.
- If your response to a particular question will not fit in the space provided, begin your response in the space provided and continue the response either on the back of the page or on additional paper.
- Sign, date and have the form notarized where indicated.
- Return the completed form and any attachments to the Macon-Bibb County Manager's Office. Mailing Address: P.O. Box 247, Macon, GA 31202-0247. Location: First Floor of the Macon-Bibb County Government Center, 700 Poplar Street, Macon, GA 31201. Telephone: (478)751-7170.

Please note a violation of the code of ethics occurs where a Macon-Bibb County official knowingly engages in any activity that is incompatible with the proper discharge of their official duties, or which would tend to impair their judgement or actions in the performance of their official duties. Macon-Bibb County officials should avoid any action that might result in or create the appearance of using their public office or position in an unethical manner for private gain, impeding Macon-Bibb County efficiency or economy, or affecting adversely the confidence of the public in the integrity of those who conduct the affairs and business of Macon-Bibb County.

2. Complainant's Name _____

3. Address _____

4. City, State and Zip Code _____

5. Telephone Number (Home) _____ (Business) _____

6. Person alleged to have violated the Macon-Bibb County Code of Ethics.

Name _____

Title _____

_____ a violation of [Section 20](#) of the Charter of Macon-Bibb County, relating to ethical conduct in government;

_____ any act which would, if completed, create a substantial likelihood of providing some unethical material benefit or detriment to any private person or entity;

_____ any act which would, if completed, create a substantial likelihood of providing some unethical material detriment to the financial or operational interests of Macon-Bibb County or any public employees, retirees, board, agency, office, department, or governmental entity operating in Macon-Bibb County; or

_____ any act which creates a reasonable appearance that one of the acts described in subsections (t)(3)(i) through (t)(3)(ix) has occurred or been attempted shall be deemed to state facts sufficient to constitute a violation of this Section.

_____ Other (please specify): _____

10. In your own words, please explain how the acts or omissions described above in your response to Question 8 constitute the ethical violation(s) alleged in your response to Question 9, above. Please provide as much detail as possible showing how your allegations meet one or more of the listed violations. Under Sec. 2-17(t) of the Macon-Bibb County Code of Ordinances, only allegations of acts made or attempted in the Macon-Bibb County official's capacity as a Macon-Bibb County official, or under color of his or her official capacity, where such acts constitute one or more of the violations listed in 9 above shall be deemed to state facts sufficient to constitute a violation. Complaints which are unjustified, frivolous, patently unfounded or that fail to state facts sufficient to invoke a violation of Sec. 2-17(t) shall be dismissed. Please use the back of this form, or you may attach additional pages, if additional space is required.

11. Are there any witnesses or persons who would have information about the circumstances of your complaint. If so, please provide their name, position, telephone number and a brief description of what they saw, heard, etc. Please use the back of this form, or you may attach additional pages, if additional space is required.

12. What would you like to see as the resolution to your complaint?

13. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

I, the undersigned Complainant, being duly sworn, depose (affirm) and say that the information in this Complaint is true and correct to the best of my knowledge and belief.

Complainant's Signature

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

Notary Public