



**CITY OF DEERFIELD BEACH
ETHICS CODE COMPLAINT**

1. PERSON FILING COMPLAINT:

Name: _____

Address: _____
City State Zip

Home phone: _____ Work phone: _____ Cell: _____

Other optional contact information (i.e. email address): _____

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Name of individual: _____

Office held: _____

3. ALLEGED VIOLATION:

Please state with specificity the facts that you believe constitute a City of Deerfield Beach Ethics Code violation and the provisions of the Ethics Code that you believe have been violated (use additional sheets, if necessary):

I DO HEREBY SWEAR OR AFFIRM UNDER OATH THAT THE FACTUAL ALLEGATIONS AS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE FILED THIS COMPLAINT IN THE GOOD FAITH BELIEF THAT THESE FACTS CONSTITUTE A VIOLATION OF THE CITY OF DEERFIELD BEACH ETHICS CODE. I UNDERSTAND THAT KNOWINGLY MAKING FALSE STATEMENTS IN THIS COMPLAINT SHALL CONSTITUTE A VIOLATION OF THE CITY CODE PUNISHABLE BY A FINE OF UP TO \$500.00.

DATE

SIGNATURE OF COMPLAINANT

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____ (year) by _____ (name of person making the statement). He/she is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA
(Signature of Notary, Taking Acknowledgement)

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number