FILING A COMPLAINT

Pursuant to §8.01 of the Ethics Code, the penalties for knowingly filing a <u>FRIVOLOUS ETHICS COMPLAINT</u> include imposition of civil fines, payment of attorney's fees, referral for prosecution, and any other sanction allowed by law.

"The Texas Whistleblower Act prohibits a city from taking an adverse employment action against an employee who "in good faith reports a violation of law by the employing [city] or another public employee to an appropriate law enforcement authority."

Under the Act, a report is made to an appropriate law enforcement authority if the authority is a part of a state or local governmental entity or of the federal government that the employee in *good faith* believes is authorized to: (1) regulate under or enforce the law alleged to be violated in the report; or (2) investigate or prosecute a violation of criminal law.

Any person who believes in good faith that there has been a violation of the ethics code may file a sworn complaint.

An ethics complaint must be filed with the Ethics Compliance Officer by sending it certified mail to the City Attorney's Office at P.O. Box 579, Laredo, Texas 78042-0579 or by hand delivery to 1110 Houston, Third Floor, Laredo, Texas 78042.

Complaints shall be reviewed by the Ethics Compliance Officer for legal sufficiency. A copy of the complaint will be promptly forwarded to the Ethics Commission and the person named in the complaint.

Please note, the Ethics Commission cannot consider anonymous complaints or any alleged violation that occurred more than two years prior to the date of the filing of a complaint.

You may contact at the City Attorney's Office at (956) 791-7319 with questions about making a formal complaint. For specific information about hearings, sanctions or other procedural issues about the complaint process, please refer to Division 8 the Ethics Code.



ETHICS COMPLAINT FORM

Pursuant to Section 8.04(d) of the City of Laredo Ethics Code, any person who knowingly files a frivolous ethics complaint is subject to criminal prosecution, a civil penalty up to \$500, payment of Respondent's attorney's fees, and any other sanction permitted by law.

Please PRINT or TYPE all information requested on this form

PART A – COMPLAINANT INF	TORMATION (this identif	ies YOU as the Complainant)
Full Name		
LAST	FIRST	MIDDLE
Address of Residence		
NUMBER STREET	CITY	ZIP CODE
Business AddressNUMBER STREET		
NUMBER STREET	CITY ZI	P CODE
Contact Phone Number	(PRIMARY)	(OTH
PART B – C	OMPLAINANT DECLA	RATION
I HEREBY DECLARE that I,	(Print Name)	, have a complaint against
the following person(s):		who is
	(Subject of Complaint)	
Provide De	partment and Title Infor	mation
Elected Official / Title:		
Appointed Official / Title:		
Candidate for Office / Office Sough	t:	
Employee / Department & Title:		
PART C – PERSONS WITH RELE	VANT KNOWLEDGE (F THE ALLEGED VIOLAT
(1) Name	(3) Name	
Address	Address	
Phone	Phone	
(2) Name	(4) Name	
Address	Address	
Phone	Phone	

PART D – DESCRIPTION OF COMPLAINT

Provide a statement of the facts upon which your complaint is based. Describe the events in the order is which they occurred. Keep dates of the events in sequence. Include any witnesses present when the alleged violation(s) took place. Be factual; the information you provide in this statement must be base on facts and not on personal conjecture. Try to answer the questions, "who", "what", "where", an "when". Attach extra sheets if more space is required.
PART E – ETHICS ORDINANCE CODE VIOLATIONS
List the sections and paragraphs of the Code of Ethics you believe to have been violated:
PART F – SOURCE OF EVIDENCE
Identify sources of evidence, if any, you believe should be considered by the Ethics Commission and attach copies of any pertinent information you have to support your allegation(s).

COUNTY OF WEBB	§	
BEFORE ME, the undersig	gned authority, on	the day of,
20, personally appeared,		, known to me to be the
person whose name is subscribed	hereto, and being d	luly sworn stated that he/she has
personal know:		
"I certify that I have read	this compliant, I fu	lly understand its contents, and I
declare under penalty of perjury un	der the laws of the	State of Texas (Texas Penal Code,
§ 37.02), that the foregoing statem	nents and photocopi	es of attached documents are true
and correct. I understand that a co	opy of this complain	nt will be sent to the Chair of the
Ethics Commission and to the ind	ividual charged in t	this complaint and that all papers
and communications relating to the	his complaint must	be treated as confidential to the
extent allowed by law."		
	(SIGNA	ATURE)
SWORN TO AND SUBSCRIBED	BEFORE ME, the 1	undersigned authority, on this the
day of, 20_		
		TARY SEAL
Printed Name:		
My Commission Expires:		

§

STATE OF TEXAS

Upon completion of ALL sections of this Complaint Form, hand-deliver or send by certified mail with any attachments to:

Office of the City Attorney City of Laredo P.O. Box 579 1110 Houston Laredo, TX 7804-0579

Should you have any questions concerning this form or require additional information on the complaint process, please contact the City Attorney's Office at (956) 791-7319.