

# Allegany County Ethics Complaint Form

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Please print this form, complete and mail or fax to the following address:

**Allegany County Ethics Commission**

Allegany County Government  
Attention: Allegany County Attorney  
701 Kelly Road  
Cumberland, Maryland 21502  
Fax: 301-724-6970

Name of Party Filing Complaint: \_\_\_\_\_

Legal Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of person who is subject of complaint: \_\_\_\_\_

Applicable Section of Allegany County Ethics Ordinance (if known): \_\_\_\_\_

Brief Description of substance of complaint (continue on back if necessary):

Date Complaint Form Completed: \_\_\_\_\_

I HEREBY AFFIRM UNDER THE PENALTY OF PERJURY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Signature

STATE OF MARYLAND, COUNTY OF \_\_\_\_\_ TO WIT:  
I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared and \_\_\_\_\_ signed the attached Complaint.

AS WITNESS my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_