



City of Flint Ethics and Accountability Board Ethics Complaint Form

The Ethics and Accountability Board enforces the City of Flint Charter, Sections 3-501 to 3-511. If you know of activities that raise ethics concerns, submit this form. File a separate form for each subject of concern. Submit this form electronically to ethics@cityofflint.com with CONFIDENTIAL in the subject line or mail to 1101 South Saginaw Street Flint, MI 48502 Attn: Ethics and Accountability Board in an envelope marked CONFIDENTIAL. Additional information can be found at www.cityofflint.com/ethics.

Please complete the form in its entirety for your complaint to be reviewed.

Alleged Person Violating the Code of Ethics

First Name

Last Name

E-mail
Address

Phone

If City Employee

Position

Department

Supervisor

Contact
Information

If City Board or Commission Member

Board/
Commission

Department

**The Ethics and Accountability Board shall send notice to the subject of any formal ethics complaint.*

I believe the subject of this complaint violates the City's standards of conduct because (select all that apply):

- Used City resources for political activity
- Received outside compensation for City work
- Represented private interest against City
- Failed to file financial disclosure form
- Gave preferential treatment
- City personnel received prohibited gift
- Employee contracted with City on behalf of private interest
- Appeared before City agency on behalf of private interest
- Disclosed confidential information
- Financial conflict of interest
- Personal relationship conflict
- Failure to disclose conflict/file written disclosure of conflict
- Other

Statement of Facts

Describe the facts on which this complaint is based, including relevant dates, places, and actions. Attach sheet if necessary.

Witness Information

State the names, addresses, telephone numbers, and e-mail addresses of persons with firsthand knowledge of the facts alleged or other information that could help. Attach sheet if necessary.

Supporting Documents

List any records or documents that would assist the Board of Ethics and Accountability in its investigation. Attach any documentary evidence that supports the facts.

Person Making the Complaint (Optional)

If you wish to remain anonymous, do not complete this part.

Name

Address

E-mail
Address

Telephone

All the statements and information in this form are true and factual to the best of my knowledge.

Signature

Date

FOR ETHICS AND ACCOUNTABILITY BOARD USE ONLY

Received By

Date

Assigned
Case #

Notes