

**City of St. Matthews, Kentucky**

**P.O. Box 7097**

**Louisville, KY 40257**

**Phone (502) 895-9444**

**ETHICS COMPLAINT**

The St. Matthews Board of Ethics investigates complaints alleging violations of the Ethics Ordinance (Chapter 36) upon receipt of a written, sworn complaint filed in accordance with the City of St. Matthews Ethics Ordinance. Please type or print your complaint legibly in black or blue ink. Please file your complaint with an original notarized signature. The Board of Ethics will not accept a copy of your signature.

- 1. Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_

- 2. Name and address (if known) of person(s) who you believe may have violated the Ethics Ordinance of the City of St. Matthews:  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Nature of violation (if possible, state the section of the Ethics Ordinance which you believe may have been violated):\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. Explain why you believe the Ethics Ordinance may have been violated. State the facts and approximate dates in support of the allegations. Please be simple, concise, and direct. Attach additional sheets if necessary.  
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The person you are filing the complaint against will receive a copy of your complaint and will be given an opportunity to file a response to the allegations pursuant to City of St. Matthews Ethics Ordinance.

I, \_\_\_\_\_, being duly sworn, swear or affirm that I have knowledge of the facts alleged in this Complaint and that the information contained herein is true and correct.

\_\_\_\_\_  
Signature of Complainant

Sworn, subscribed, and acknowledged before me by \_\_\_\_\_

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_. My Notary Number is: \_\_\_\_\_.