

# CITY OF WATERVLIET

STEVE JAMROSZ, CHAIRPERSON  
HOLLY COLLETT, MEMBER  
ROBERT HEFFERNAN, MEMBER



CITY OF WATERVLIET  
BOARD OF ETHICS  
CITY HALL, 2 – 15<sup>TH</sup> STREET  
WATERVLIET, NEW YORK 12189

## BOARD OF ETHICS

# ETHICS COMPLAINT/REQUEST FOR AN ADVISORY OPINION

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This form is to be used by any member of the public when: (1) requesting an investigation into possible violation(s) of the City of Watervliet Code of Ethics pursuant to Section 28-21 of the Code of the City of Watervliet or (2) requesting a confidential ethics advisory opinion pursuant to Section 28-23 of the Code of the City of Watervliet.

In order to be reviewed by the City of Watervliet Board of Ethics, this form must be completed in its entirety (4 pages).

For the City of Watervliet Code of Ethics, please see Chapter 28 of the [Code of Ethics](#).

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### **YOUR INFORMATION:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Email Address (not required): \_\_\_\_\_

**NATURE OF REQUEST:**

Complaint and/or request for an investigation by the Board of Ethics.

Request for an advisory opinion from the Board of Ethics.

**COMPLAINT (not required for requests for an advisory opinion):**

Name(s) of Possible Violator(s) (if known): \_\_\_\_\_

\_\_\_\_\_

Job Title(s): \_\_\_\_\_

Office(s) (if known): \_\_\_\_\_

\_\_\_\_\_

Date(s) of Alleged Violation: \_\_\_\_\_

Names of other individuals with personal knowledge of facts/circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF FACTS AND CIRCUMSTANCES:**

The following space is for you to include a detailed description of either: (1) the facts and circumstances that you believe may constitute a violation of Chapter 28 of the Code of the City of Watervliet (“Code of Ethics”) or (2) the facts and circumstances on which you would like an advisory opinion.

If you are in possession of any documentary information that is relevant to this inquiry, please attach a copy to this form.

I have attached \_\_\_\_\_ pages/documents.

I have not attached any pages/documents.

**MANDATORY SIGNATURE REQUIREMENT:**

The following Complaint/Request for an advisory opinion **MUST** be signed to be considered by the Board of Ethics.

I do hereby swear or affirm under penalty of perjury that the information provided above is true and accurate and that I have personal knowledge of the facts stated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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The original copy of this Complaint should be mailed to the following address:

City of Watervliet Board of Ethics  
City Hall, 2 – 15<sup>th</sup> Street  
Watervliet, New York 12189