Ethics Commission of Waukegan Public School District

Ethics Complaint Form

Name_____________________________________________________________

Address____________________________________________________________

Telephone: Home___________________; Other_____________________________

Date of alleged ethics violation: ____________________[Ref. Board Resolution, Sect. 5-5(g)]

Officer or Employee which is the subject of your complaint: Please provide the name, title, department and address (if known) of the person you allege committed a violation of the Ethical Conduct Resolution.

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Type of Allegation(s): Please check any box below which is the misconduct you allege:

☐ Prohibited political activity [Ref. Board Resolution, Section 2]

☐ Gift ban [Ref. Board Resolution, Section 3]

Note: Before completing this form, please refer to the Board Resolution and Commission rules for additional information concerning these topics.
**Description of Facts:**

Please state the facts which you believe support your opinion that there has been a violation of the Board’s Ethical Conduct Resolution. Attach additional pages if necessary.

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**Witness information (if applicable):**

Please provide the names, addresses and telephone numbers of the person or persons who you believe have information which would confirm the facts you have stated.

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___________________________________________________________________

**Supporting documentation (if applicable):**

Please attach copies of any documents which relate to your complaint.

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(DRAFT)
Other Information or Related Complaints:

Please state any additional information which supports your complaint. If you have made other related complaints, please attach a copy or identify the official, agency or judicial entity with which the complaint was filed.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Date: ______________________________

Signature: ______________________________

SUBSCRIBED and SWORN to before me this______ day of ________________, 201___

___________________________________________
Notary Public