



NEW CASTLE COUNTY ETHICS COMMISSION
PO Box 12003, Wilmington DE 19850
(302) 395-5127

Complete this form if you believe, in good faith, an elected New Castle County government official, an appointed County official or employee, or someone hired to work for County government, has violated the New Castle County Ethics Code. *Your allegations must be supported by facts, and the law requires your honesty when filing this form. Your identity will be kept confidential as long as this Complaint is not frivolous or fraudulent per law. The Ethics Commission has the right to dismiss this Complaint if legal requirements are not met.*

Your name and contact information (home address, email address, phone number):

COMPLAINT

This Complaint is filed against: _____

The person named in this Complaint violated the Ethics Code in the following manner (Be as descriptive as possible. Include when, where, and with whom, if applicable. Attach additional pages if needed, but do not send originals):

Under penalty of perjury, I hereby swear or affirm that the information provided above is true and correct to the best of my knowledge, information, and belief.

Signature

Date: _____

*Return this completed and sworn or affirmed form to the
New Castle County Ethics Commission at the above address by Regular US Mail.*

****FAXED OR UNSIGNED FORMS WILL NOT BE ACCEPTED****