



CITY OF DOVER, NEW HAMPSHIRE ETHICS COMPLAINT

Please type of print legibly and attach additional pages, if necessary.

Date Filed: _____

Your Name: _____

Address : _____

Your Telephone Number _____

Name of person about whom you are filing. _____

Type of Allegation(s). Check the appropriate box(es) below indicating the type of allegation(s) stated in this complaint.

ARTICLE X OF THE DOVER CITY CHARTER

- ELIGIBILITY FOR ELECTIVE OFFICE (10-1)
- CONFLICTS OF INTEREST (C10-2)
- DISQUALIFICATION FROM DECISION MAKING PROCESS(C10-3)
- PRIVATE USE OF CITY PROPERTY (C10-4)
- ACCEPTANCE OF GIFTS AND GRATUITIES (C10-5)
- DISPOSITION OF FEES (C10-6)
- MISUSE OF INFORMATION (C10-7)
- FUTURE EMPLOYMENT (C10-10)

CHAPTER 22 OF THE CITY CODE

- CONFLICTS OF INTEREST (22-2)
- REPRESENTATION OF PRIVATE INTERESTS BEFORE CITY AGENCIES(22-3)
- REQUIRED DISCLOSURE BY COUNCIL MEMBERS; RECUSAL (22-4)
- REQUIRED DISCLOSURE BY OFFICERS AND EMPLOYEES; RECUSAL (22-5)
- GIFTS (22-6)
- DISCLOSURE OF CONFIDENTIAL INFORMATION (22-7)
- INVESTMENTS IN CONFLICT WITH OFFICIAL DUTIES (22-8)
- INCOMPATIBLE EMPLOYMENT(22-9)
- FUTURE EMPLOYMENT (22-10)

If your complaint alleges some form of misconduct that does not fall within the jurisdiction of the Ethics Commission, then your complaint will be forwarded to the City Manager, the Police Department or the City Council for processing.

Description of Facts.

Provide a specific description of the facts constituting the alleged violation(s), including dates or approximate dates.

Witness Information.

Provide the name(s), business address(es) and telephone number(s) of person(s) you believe may have information that would assist the Commission in its evaluation of this complaint. Also, describe the information that you believe each of the persons listed can provide to support the allegations stated in this complaint.

Documentation.

Attach copies of any documents in your possession that relate to the allegations stated in this complaint. In addition, indicate below whether there are other records, not in your possession, that you believe may assist the Commission in its evaluation of this complaint.

Additional Information.

Provide any additional information that you believe may assist the Ethics Commission in its evaluation of this complaint.

CERTIFICATIONS: (Please initial each certification)

- I CERTIFY THAT I AM A RESIDENT OF THE CITY OF DOVER, A PROPERTY OWNER IN DOVER OR I AM A VENDOR WHO HAS RESPONDED TO A BID SOLITICATION _____(initials)
- THIS ETHICS COMPLAINT IS A PUBLIC DOCUMENT. I UNDERSTAND THAT I SHOULD HAVE NO EXPECTATION OF PRIVACY REGARDING THIS DOCUMENT OR THE PROCEEDINGS OF THE ETHICS COMMISSION. _____(initials)
- I UNDERSTAND THAT KNOWINGLY MAKING WRITTEN FALSE STATEMENTS WHICH I DO NOT BELIEVE TO BE TRUE MAY SUBJECT ME TO CRIMINAL SANCTIONS PURSUANT TO RSA 641:3. _____(initials)

DATE: _____

Signature

NOW COMES _____ who after being duly sworn states that the above statements are true and accurate.

Notary Public

-----OFFICIAL USE ONLY-----

Received by the City Clerk's office _____

Received by the Ethics Commission _____

Completed form should be returned to:

City of Dover Ethics Commission
c/o City Clerk
288 Central Avenue
Dover, NH 03820