

**COUNTY OF LUZERNE
ACCOUNTABILITY, CONDUCT, AND ETHICS CODE
Complaint Form**

Complete the following form (Incomplete complaint forms will not be accepted); return the original to:

ACE Commission
% County Manager's Office
ATT: ACE Commission
200 North River Street
Wilkes-Barre PA 18711

N.B.: Do not contact ACE Commission members directly as any such communication may compromise the processing of the complaint or result in the recusal of an ACE Commission member.

1. Complainant Information

Name of complainant: _____

Address: _____

Home Phone Number: _____ **Cell Phone Number:** _____

Department (County employees only) _____

2. Respondent (Covered Person against whom complaint is filed) Information

Name of respondent: _____

Position or Office held by respondent: _____

County Department (if applicable) of respondent: _____

3. Please indicate the alleged violation of the Ethics Code by stating the relevant paragraph(s) in the Code. (The code is available online at the home page of the ACE Commission on the Luzerne County website or may be obtained from the County Manager's Office at 200 N. River Street in Wilkes-Barre, PA 18711.)

4. Details of your Complaint: In a separate attachment, please describe in detail the facts and actions that are the basis of your complaint, including the dates when the actions occurred. Also attach any relevant documents as well as names and contact information of persons who may be witnesses to the actions. Please be specific with respect to names, dates and locations.

5. OATH

I, the person bringing this complaint, do hereby swear, certify and attest that the facts set forth in this Complaint and attachments are true and correct, to the best of my knowledge and belief. I understand that these statements of fact are being made by me subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

SIGNATURE: _____

DATE: _____