



# CITY OF CLAWSON

425 N. MAIN STREET | CLAWSON, MICHIGAN 48017

PHONE: 248.435.4500 | FAX: 248.435.0515

WWW.CITYOFCLAWSON.COM

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## City of Clawson Board of Ethics Complaint / Request for Advisory Opinion Form

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### 1. Person or Entity filing the complaint or requesting an opinion

Name:			
Address:			
Email:		Telephone #:	

### 2. Subject of the complaint or request for opinion

Name:			
Position/Office Held			
Address:			
Email:		Telephone #:	

### 3. Statement of Facts

Please attach a full explanation of your complaint or concern, describing the facts and the actions of the person named above and what ethical standard you believe they violated. Include relevant dates and the names and the addresses of persons whom you believe may be able to support your complaint or concern as well as all documents you deem relevant and necessary for the Board to review.

### 4. Oath

I, the person bringing this complaint or concern, swears and affirms that the facts set forth herein are true and correct to the best of my knowledge and belief. I understand that my statements are subject to the penalties of perjury.

Signature of Complainant: \_\_\_\_\_

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

Notary Public, Oakland County

Sworn and subscribed before me on:

My Commission Expires on: \_\_\_\_\_

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Submit this form via: Mail = City of Clawson, 425 N. Main, Clawson, MI 48017, **ATTN: BOARD OF ETHICS CHAIR** or Email = [ethics@cityofclawson.com](mailto:ethics@cityofclawson.com)