



Sandoval County Ethics Board
c/o County Attorney's Office
Mailing address: P.O. Box 40, Bernalillo, NM 87004
(505) 867-7507
Email: maquintana@sandovalcountynm.gov

Ethics Complaint 2019-_____

PRINT, COMPLETE AND NOTARIZE THIS COMPLAINT PRIOR TO FILING
(Information detailed in this Complaint will be shared with the Respondent and is a Public Record)

Date: _____ Name of Person Filing Complaint (Complainant): _____

Complainant's Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Daytime Phone: _____ Alternate Phone: _____

Full Name of Subject of Complaint (Respondent): _____

Date of Incident: _____ Job Title/Position of Respondent _____

Specific Sections of Ethics Code Potentially Violated: _____

Description of Misconduct or Wrong-Doing Witnessed. Include names and contact information of other witnesses, if applicable. (Attach additional pages, if necessary):

CHECK HERE IF CONTINUED ON SEPARATE SHEET(S)

I, _____, do depose on oath or affirmation and say that the information
(Name of Complainant) disclosed herein is true and accurate to the best of my knowledge on this
_____ day of _____, 20____.

Signature of Complainant

SUBSCRIBED AND SWORN TO before me this _____
day of _____, 20____ by _____
(Name of Complainant)

NOTARY PUBLIC

My Commission Expires _____