



CITY OF DALLAS
ETHICS ADVISORY COMMISSION
COMPLAINT SUPPLEMENT FORM *

For Official Use Only

A complaint filed under Chapter 12A of the Dallas City Code may be supplemented within seven days after the city secretary's acceptance of the original completed complaint. The Ethics Advisory Commission's Rules of Procedure can be found on the city secretary's website at <http://citysecretary.dallascityhall.com/>.

Please type or print legibly in blue or black ink.

NOTE: FILING A COMPLAINT THAT FALSELY ACCUSES SOMEONE OF A VIOLATION OF THE ETHICS CODE MAY RESULT IN CRIMINAL PROSECUTION OR SANCTIONS OF ANYONE WHO KNOWINGLY MAKES A FALSE ACCUSATION.

PART A – COMPLAINT INFORMATION

1. a. Date complaint was filed in the City Secretary's Office

b. Complainant's full name:

c. Complainant's residence address (Street, City, State, and Zip Code):

d. Complainant's business address (Street, City, State, and Zip Code):

e. Complainant's preferred telephone number:

Cell Home Business (circle one)

f. Complainant's alternate telephone number:

Cell Home Business (circle one)

g. Complainant's email address:

PART A – COMPLAINT INFORMATION, continued

2. a. Name of person against whom the complaint or amended complaint was filed (the respondent):

b. Check the box that applies to the person named above and fill in the applicable information:

- Elected official _____ (office held)
- Appointed official _____ (board/commission name)
_____ (title/position held)
- Candidate _____ (office sought)
- City Employee _____ (title/position held)
_____ (department)

c. Respondent's residence address (Street, City, State, and Zip Code) (if known):

d. Respondent's business address (Street, City, State, and Zip Code) (if known):

e. Respondent's preferred telephone number (if known):

Cell Home Business (circle one)

f. Respondent's alternate telephone number (if known):

Cell Home Business (circle one)

g. Respondent's email address (if known):

PART B – CORRECT INCORRECT STATEMENTS IN COMPLAINT (IF APPLICABLE)

If applicable, correct any incorrect statements in your complete complaint below by specifically identifying which statements were incorrect, and clearly indicating the correct information. Be factual; the information you provide in this statement must be based on facts and not on personal conjecture. Try to answer the questions “who”, “what”, “where”, and “when.” Attach extra sheets if more space is needed.

Incorrect Statement	Corrected Statement / Information

PART C – NEW OR ADDITIONAL CODE VIOLATIONS

If applicable, list any specific sections and paragraphs of the Code of Ethics provisions you believe have been violated that were not listed in your complete complaint. A copy of the Code of Ethics can be found on the city secretary’s website.

PART D – WITNESSES

Provide names, addresses, email addresses, and telephone numbers of witnesses, if any, that can offer testimony in support of the complaint and whose names or contact information were not included in your complete complaint.

Witness Name:	Email address:
Mailing address:	Phone number:

Witness Name:	Email address:
Mailing address:	Phone number:

Witness Name:	Email address:
Mailing address:	Phone number:

Witness Name:	Email address:
Mailing address:	Phone number:

THE INFORMATION PROVIDED IN THIS FORM SUPPLEMENTS THE ORIGINAL COMPLAINT DATED

_____, FILED BY _____

(COMPLAINANT) AGAINST _____. I CERTIFY THAT I HAVE READ THIS COMPLAINT SUPPLEMENT FORM, I FULLY UNDERSTAND ITS CONTENTS, AND I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF TEXAS THAT THE INFORMATION CONTAINED ON THIS FORM, ALONG WITH THE ORIGINAL COMPLAINT, STATES A VIOLATION OF CHAPTER 12A OF THE DALLAS CITY CODE, THAT THE COMPLAINT IS NOT BEING PRESENTED FOR ANY IMPROPER PURPOSE, AND THE FOREGOING STATEMENTS AND EVIDENCE ARE TRUE AND CORRECT OR, TO THE BEST OF MY KNOWLEDGE ARE SUPPORTED BY CREDIBLE EVIDENCE FORMED AFTER AN INQUIRY REASONABLE UNDER THE CIRCUMSTANCES. I UNDERSTAND THAT A COPY OF THIS FORM WILL BE SENT TO THE CHAIR OF THE ETHICS ADVISORY COMMISSION AND TO THE INDIVIDUAL CHARGED IN THE COMPLAINT. ALL PAPERS AND COMMUNICATIONS RELATING TO A COMPLAINT MUST BE TREATED AS CONFIDENTIAL UNLESS REQUIRED TO BE MADE PUBLIC BY THE PUBLIC INFORMATION ACT (CHAPTER 552, TEXAS GOVERNMENT CODE) OR OTHER APPLICABLE LAW.

Signature

Before me the undersigned authority, on the ____ day of _____, 20__, personally appeared, _____, known to me to be the person whose name is subscribed hereto, and being duly sworn stated that such facts are true and correct, or, to the best of his/her knowledge, formed after an inquiry reasonable under the circumstances, the factual contentions are supported by credible evidence submitted in and with the complaint.

Notary Public

<NOTARY SEAL>

_____ County, Texas

My Commission expires:

If you have any questions concerning this form, please contact the City Secretary's Office, at (214) 671-3738 in the City Secretary's Office during regular business hours (8:15am – 5:15pm).

Upon completion of **ALL** relevant sections of this form, please hand deliver or send by certified mail with any attachments to:

Office of the City Secretary
CITY HALL
1500 Marilla Street – Suite 5DS
Dallas, TX 75201