



**CITY OF SOCORRO  
ETHICS REVIEW COMMISSION**

**COMPLAINT FORM**

For Official Use Only

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 – COMPLAINANT INFORMATION**

1. Your full name (identifies you as the Complainant):

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2. Your residence address (Street, City, State, and Zip Code):

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3. Your business address (Street, City, State, and Zip Code):

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4. Preferred telephone number:

Cell Home Business (circle one)

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5. Alternate telephone number:

Cell Home Business (circle one)

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6. Email address:

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**PART B – COMPLAINANT DECLARATION**

I HAVE A COMPLAINT AGAINST:

1. Full name of person against whom you are bringing the allegation(s):

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2. 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)

3. Residence address (Street, City, State, and Zip Code) (If known):

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4. Business address (Street, City, State, and Zip Code) (if known):

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5. Telephone number (if known):

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6. Email address (if known):

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**PART C – DESCRIPTION OF COMPLAINT**

Provide a statement of the facts upon which your complaint is based. Describe the events in the order in which they occurred. Keep dates of events in sequence. Include full names, addresses, and phone numbers of all individuals involved, including any witnesses present when the alleged violations took place. 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.

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*Add additional pages as needed.*

**PART D – CODE VIOLATIONS**

List the specific sections and paragraphs of the Code of Ethics provisions you believe have been violated. A copy of the Code of Ethics can be found on the City Clerk’s website.

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*Add additional pages as needed.*

**PART E – SOURCES OF EVIDENCE**

Identify sources of evidence, if any, that you believe should be considered by the Ethics Advisory Commission. Submit all information that you have; attach photocopies of any pertinent papers or documentation to support your allegation. Please note that if you submit evidence in a format that the city secretary’s office cannot duplicate or display, the city secretary will request that you provide the evidence in a format that the office can duplicate or display. If you fail to provide the evidence to the city secretary’s office in a format that the office can duplicate or display within seven days after the office has made a request, then the evidence may not be presented to or considered by the ethics advisory commission or a panel of the commission.

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*Add additional pages as needed.*

I CERTIFY THAT I HAVE READ THIS COMPLAINT, I FULLY UNDERSTAND ITS CONTENTS, AND I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF TEXAS THAT THE COMPLAINT STATES A VIOLATION OF CHAPTER 12A OF THE DALLAS CITY CODE, THAT THIS 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 COMPLAINT WILL BE SENT TO THE CHAIR OF THE ETHICS ADVISORY COMMISSION AND TO THE INDIVIDUAL CHARGED IN THIS COMPLAINT. ALL PAPERS AND COMMUNICATIONS RELATING TO A COMPLAINT MUST BE TREATED AS CONFIDENTIAL LAW 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:  
\_\_\_\_\_

**Special Note:** The Ethics Commission Rules of Procedure states that “supplements to a complaint may only be filed within seven days after the city clerk’s acceptance of the original completed complaint.”

Should you have any questions concerning this form, please contact the City Clerk’s Office, at **(915) 858-2915** during regular business hours (8:00am – 5:00pm).

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

Office of the City Clerk  
CITY HALL  
124 S. Horizon Boulevard  
Socorro, TX 79927