GOVERNAL SESUES COUNTY - KANSSAS CHE

Office of the Ethics Administrator

Phone: (913) 621-3294 Fax: (913) 621-3295

E-mail: ethics.wycokck@gmail.com

710 N. 7th Street, Suite 140 Kansas City, Kansas 66101

ETHICS COMPLAINT FORM

Complaining Witness Identification [Witnesses may elect to remain anonymous, but are encouraged to provide contact information to assist the investigator with follow-up questions. Contact information will be used by the Ethics Administrator for investigation purposes only, and will be kept confidential for all purposes associated with the investigation, disclosure only as directed by judicial authority.]:

Name:		_ Date of Complaint:
Address:		
Telephone:		_
•	ail Address:	-
known about contact inform provided, and	the person alleged to have committed an ethics violation, to nation, and office/supervisor. Dates, times and locations of the names of any other person believed to have information relate of this form if necessary.]:	include name(s), title(s), conduct should also be

Upon completion, please mail to: Ethics Administrator, 710 N. 7th Street, Suite 140, Kansas City, KS 66101. Mark all envelopes "Confidential."