

Lynda A. Bryan  
Town Clerk



# TOWN of HALFMOON

2 Halfmoon Town Plaza, Halfmoon, NY 12065  
County of Saratoga

(518) 371-7410, Ext. 2114  
Fax: (518) 371-0936  
lbryan@townofhalfmoon.org

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## ETHICS COMPLAINT FORM

Any person may file a Complaint if he or she has information or concerns regarding a public officer or employee who may have violated the Local Law of the Town of Halfmoon Chapter 10 regarding Ethics or pursuant to the Laws of the State of New York. It is not enough to merely allege that a public officer or employee has acted improperly. A Complaint must contain credible information supporting the allegation(s) that one or more of the standards as set forth in the Local Law or the State statutes has been violated. A request for an Advisory opinion may be sought using this form to assist in determining whether to file a formal Complaint.

This Form is not required, but its use is encouraged as a Complaint must be in writing and verified by oath or affirmation. A Complaint must be filed with the Clerk within one (1) year of the date the offense is alleged to have occurred. A Complaint is deemed filed upon receipt by the Town Clerk.

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Public Officer/Employee subject to Complaint: \_\_\_\_\_

Position held by that Public Officer/Employee: \_\_\_\_\_

Approximate date of alleged violation(s): \_\_\_\_\_

Description of conduct by Public Officer/Employee and section of Local Law relating to Ethic alleged to have been violated: \_\_\_\_\_

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(Please attach additional sheets if needed)

I, \_\_\_\_\_, the Complainant herein, being duly sworn, affirm that the allegation(s) contained herein is/are true, except so far as they are stated to be based upon information, and to the extent they are based upon information, I believe them to be true.

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

\_\_\_\_\_  
Print name of Complainant

\_\_\_\_\_  
Date

STATE OF NEW YORK:  
COUNTY OF SARATOGA: ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC-STATE OF NEW YORK