ETHICS COMPLAINT FORM
TOWN OF MOREAU

DATE_____

NAME ***(required)***_____

ADDRESS ***(required)*** _____

PHONE ***(required)*** _____

Please submit completed form in a sealed envelope and address to:

Moreau Town Hall
C/O Moreau Ethics Board
351 Reynolds Road
Moreau, NY 12828

Upon receiving your complaint, it will be reviewed in accordance with section 12-8F of the Town of Moreau Ethics Code authorized by Chapter 12 of the General Municipal Law. You will be notified of the Ethics Board's findings.

ETHICAL CONCERNS/COMPLAINT (please be specific)

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Continue the back if necessary.

Signature: ***(required)***_____