Filing of an Ethics Complaint

Any person who believes that a violation of any portion of the Village of Carol Stream’s Ethics Ordinance has occurred may file a complaint with the Village Clerk. Any such complaint shall be based on personal knowledge and shall include a statement of facts and circumstances sufficient to inform the covered individual of the nature of the alleged violation. Each complaint shall be in writing and signed by the person alleging the violation.

No person shall intentionally make a false statement in a complaint filed pursuant to the Ethics ordinance.

Within two (2) business days of receiving a complaint, the Village Clerk shall forward a copy to the Village Manager and to the person alleged to be in violation of the Code of Ethics.

You must provide all of the following information:

1. **Identity of Respondent(s).** Please list the name(s) of the person(s), if known, that you believe has committed a violation of the Village of Carol Stream’s Code of Ethics.

   **Respondent(s):**

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. **Provide a written explanation of why you believe a violation of the Code of Ethics has occurred including any documentary and testimonial evidence supporting the allegation. Failure to provide the information specified may result in a decline to accept the complaint.** Please use the space below and attach as many pages as needed to thoroughly support your claim, including supplementing your case with documentary and testimonial evidence.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
3. The undersigned hereby certifies and affirms that I have read the complaint, have knowledge of the contents thereof, and the statements set forth therein are true and correct in substance and in fact, to the best of my knowledge.

Signature of person filing complaint: ___________________________ Date: ____________

Print Name: ___________________________________________ Phone Number (___)___________

Mailing Address: ______________________________________ City: _____________ Zip: ______

E-mail Address: __________________________________________

For additional information about the complaint process or to check the status of your complaint, please contact the Village of Carol Stream:

Office of the Village Clerk
500 N. Gary Avenue
Carol Stream, IL 60188
Phone: 630-871-6250
Fax: 630-665-1064