



You may get help filling out this form. Town office staff or selectboard members can assist you, or you may get help from a trusted friend or family member.

**TOWN OF BRANDON**  
MUNICIPAL ETHICS COMPLAINT FORM

To: Town of Brandon Selectboard as Designated Complaint Recipient  
Date: \_\_\_\_\_

State law (24 V.S.A. § 1997) requires municipalities to enact procedures  
1) to investigate complaints that allege a municipal officer has violated the Municipal Code of Ethics, and  
2) to enforce against substantiated complaints, including developing methods of enforcement and available remedies.

1. Who is this complaint against? Name, and job title or position. Please file a separate complaint for each individual you complain against.

\_\_\_\_\_  
\_\_\_\_\_

2. Date(s) of the alleged violation(s):

\_\_\_\_\_  
\_\_\_\_\_

3. How has this person violated the Municipal Code of Ethics? Describe fully. Be specific and provide as much detail as possible. Attach any documentation that supports your claim(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If you can, please indicate which law, rule, or other legal requirement you believe has been violated. Check the box(es) that indicate which provision(s) of the Municipal Code of Ethics you allege to have been violated. If none apply, you may have a complaint that is not an ethics violation.

<input type="checkbox"/> Conflict of interest [24 VSA §1992]	<input type="checkbox"/> Directing unethical conduct [24 VSA §1993 (a)]
<input type="checkbox"/> Preferential treatment [24 VSA §1993 (b)]	<input type="checkbox"/> Misuse of position [24 VSA §1993 (c)]
<input type="checkbox"/> Misuse of information [24 VSA §1993 (d)]	<input type="checkbox"/> Misuse of government resources [24 VSA §1993 (e)]
<input type="checkbox"/> Gifts [24 VSA §1993 (f)]	<input type="checkbox"/> Unauthorized commitments [24 VSA §1993 (g)]
<input type="checkbox"/> Benefit from contracts [24 VSA §1993 (h)]	<input type="checkbox"/> Other law or provision [specify on following line(s)]

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5. Provide the names and contact information for anyone else who may have information regarding this complaint.

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6. Has the conduct you describe above been the subject of a prior complaint? If yes, please explain. Please state what has changed since previous selectboard consideration.

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7. Is there anything else the Designated Complaint Recipient should know about this complaint?

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Attach additional pages as necessary.

**Your Contact Information:**

Your name (anonymous complaints will not be considered) \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_(\_\_\_\_)\_\_\_\_\_

This complaint will be considered according to the interim procedure adopted by the selectboard and outlined in the flow chart on this page: <https://www.townofbrandon.com/resources/ethics/>

I certify that the information provided in this complaint is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this complaint.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit by email to the Selectboard (enter "Complaint" in the subject line):  
Current board members' names and contact info appear at this page:  
<https://www.townofbrandon.com/town-committees/select-board/>

OR by hand or USMail to: Selectboard, Town Office, 49 Center St, Brandon, VT 05733.