

ETHICAL CONCERN AND CONSIDERATION REQUEST FORM

The attached form must be used to initiate any consideration or examination of persons or events undertaken by the Board of Ethics of the Town of Ancram. It is intended for use by individual concerned parties. In the event that multiple individuals wish to request consideration of the same issue, each person must fill out and submit the completed form separately. Anonymously submitted complaints will not be reviewed.

All the information contained in this questionnaire will be kept in the strictest confidence possible. You may attach copies of any support materials or documents which may help to clarify or substantiate your concerns, but please **DO NOT INCLUDE ORIGINALS** of these documents, as no materials or documents once received by the Board of Ethics of the Town of Ancram can be returned to you.

We are required to maintain a complete, confidential record file for of all questionnaires submitted. These will be housed under the supervision of the Ancram Town Clerk's office, and in some cases, may be subject to FOIL (Freedom of Information Legislation) requirements. While every effort to maintain the confidentiality of the identities of individuals named in any filing will be made by the Ethics Board of the Town of Ancram, it is inevitable that in the course of further hearings, in personal interviews, follow-up investigations or rulings processes, it may be impossible to maintain complete confidentiality while insuring the rights of everyone involved are upheld.

You may be contacted to request an in person meeting with members of the Ethics Board to clarify and confirm any content you have supplied or to answer additional questions. The testimonies gathered during such meetings will be taken and recorded under legal and binding oath. Any information gathered at any requested additional meeting will become part of the official recorded file accompanying your initial questionnaire. While we hope you will be willing to participate in such a meeting, if requested, it is not always mandatory. However, be advised that it may prove impossible to further, adequately consider any party's initial inquiries or complaints without such in-person meetings. If you so desire, you may be accompanied by your private attorney at this meeting. In addition, the Ethics Board of the Town of Ancram may deem it necessary in some complaints where existing laws have been violated to exercise its legal authority to compel testimony by an individual in order to complete its investigations by court ordered subpoena. (See Section D of Ethics Law of the Town of Ancram).

Finally, the intentional filing of a fraudulent claim of wrong doing against a third party is in violation of local State and federal law, and a breach of the purposes and trust of the Board of Ethics of the Town of Ancram and the Town's citizenry. Such abuses may be punishable by law.

The enclosed form should be fully completed and signed. Please attach copies of any support documentation, and forward to:

The Board of Ethics of the Town of Ancram
c/o Town Clerk

Ancram Town Hall
1416 County Route 7

Ancram, NY 12502

Township of Ancram, New York
Ethical Consideration and Request of Formal Inquiry Application

PART ONE:

1. Date.
2. Full name.
3. Full Local address, Contact phone number and Email address.
4. Mailing address if different from above.
5. Occupation (optional)

PART TWO.

1. Do you currently serve as an Appointed or Elected Official of Ancram Township, or are you employed by the Town of Ancram, or do you serve as an appointed or voluntary representative, Committee member within the Town of Ancram in any capacity? _____ If yes, please explain your position.

2. Do you currently supply any services to the Town of Ancram or have you done so in the past, or are you currently being considered to be awarded any contractual relationship with the Town of Ancram? _____ If yes, please explain.

NOTE: If you are a Town Official, Employee, voluntary or appointed agent for the Town of Ancram, and you wish ethical advice or opinions from The Ethics Board of the Town of Ancram regarding any policies or actions with which you may have responsibilities or involvement, or if you have concerns

involving any potential Conflict of Interests in relationship to your duties, please describe those concerns in detail on a separate sheet of paper and attach to the completed PARTS ONE (1) AND TWO (2) of this questionnaire and mail to the Town Clerk's Office at the above address.

PART 3. NATURE OF YOUR REQUEST FOR INQUIRY OR COMPLAINT. Please describe the basic reason for your concern or complaint.

PART 4. PERSONS INVOLVED IN THIS INQUIRY OR COMPLAINT.

If you are filing an inquiry or complaint involving more than one person, please give the information for the principal subject below, and list any additional persons with their information on the "ADDITIONAL PERSONS SHEET" (attached)

Name: _____

Town Position, Title or Position: _____

Department, Committee or Employee Information: _____

Work Address and Phone Number _____

Do you have any current or past business or personal affiliations, professional, social, or familial relationships, employment history, or any other close interaction with the above named persons? If so, Please describe: _____

PART 5. SPECIFIC VIOLATED LAWS: Please state the specific ethics Laws you feel may have been violated or the actions which now create or present a potential or existing conflict of interest as described in LOCAL ETHICS LAW # ____ . NOTE: COPIES OF THIS LAW AND ANY ASSOCIATED NYS STATE ETHICS STATUTES MAY BE OBTAINED FROM THE TOWN CLERK'S OFFICE.

Please describe the specific actions that have been taken by the above named individuals and cite any specific laws that you are concerned they may have violated in the course of these actions.

PART 6: STATEMENT OF FACTUAL EVIDENCE. Please describe the facts on which the request for this inquiry or complaint are based, including relevant dates, places and specific actions.

PART 7: WITNESSES: Please list the names , mailing addresses, email addresses and phone numbers of any persons with firsthand knowledge of the facts alleged in support of the above stated concerns Additional space for witnesses is provided on the attached "ADDITIONAL PERSONS SHEET"

PART 8: Additional Documentation. Please attach copies of any relevant correspondence involving any of the above cited individuals or actions, any records or documents that would assist the Board of Ethics of the Town of Ancram in their examination of this inquiry. **DO NOT SEND ORIGINAL OR**

SINGULAR DOCUMENTS AS NO MATERIALS RECEIVED BY THE ETHICS BOARD OF THE TOWN OF ANCRAM CAN BE RETURNED TO YOU.

PART 9. SWORN SIGNATURE AND VERIFICATION:

I declare under penalty of perjury that I have, as the initiator of this questionnaire and request for inquiry, reviewed the information I have supplied herein, and confirm that to the best of my understanding it is a true, accurate and complete statement of the facts.

SIGNATURE_____

PRINTED FULL NAME_____

DATE SUBMITTED_____