

Ethics Commission of Atlanta Public School District

Ethics Complaint Form

Name
I am (check one)
☐ A Citizen of the City of Atlanta
☐ An Employee of the Atlanta Public Schools
Contact Information:
Date of alleged ethics violation:
Date you became aware of alleged ethics violation:
Type of alleged ethics violation: (Please reference relevant provisions of the School Board's Ethics Standards available on the Ethics Commission website or in hard copy from the executive assistant of the Atlanta School Board: Ethics Standards
Conflict of Interest Policy (3-101) Use of Public Property (3-103) Code of Ethics Oath (3-108) Conduct as a Board Member (Board Policy BH)

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Description of Facts:
Please state the facts which you believe support your opinion that there has been a violation of the Ethics Standards. Attach additional pages if necessary.
Witness information (If Applicable)
Please provide the names and addresses and telephone numbers of the person or persons who you believe have information which would confirm the facts you have stated.
Supporting documentation (If Applicable)
Please attach copies of any documents that relate to your complaint.

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Other Information or Related Complaints:

related complaints, please attach a copy and/or in which the complaint was filed.	
Date:	_
Signature:	
This Complaint is subject to Georgia's Open F	Records Law
SUBSCRIBED and SWORN to before me this202	day of
Notary Public	

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