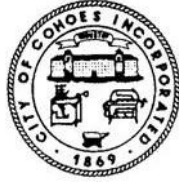


# CITY OF COHOES

Charles Valenti, Chairperson  
David Emanatian, Member  
Deborah Gilchrist, Member  
Laura Anglin, Alternate



97 MOHAWK STREET  
COHOES, NY 12047  
ETHICS-BOARD@CI.COHOES.NY.US

## BOARD OF ETHICS

# ETHICS COMPLAINT / REQUEST FOR AN ADVISORY OPINION

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*This form is to be used by any member of the public when: 1) requesting an investigation into possible violation(s) of the City of Cohoes Code of Ethics pursuant to Section 36-20 of the City of Cohoes City Code; or 2) requesting a confidential ethics advisory opinion pursuant to Section 36-22 of the City of Cohoes City Code.*

*In order to be reviewed by the City of Cohoes Board of Ethics, this form must be completed in its entirety (4 pages).*

*The complaint will be confidential and not subject to disclosure by any member of the Board of Ethics or available for inspection under Article 6 of the New York State Public Officers Law ("Freedom of Information Law").*

*For the City of Cohoes Code of Ethics, please see Chapter 36 of the City Code, available on the City of Cohoes website at [www.cohoes.com](http://www.cohoes.com).*

### **Your Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (not required): \_\_\_\_\_

**Nature of Request:**

Complaint and/or request for an investigation by the Board of Ethics.

Request for an advisory opinion from the Board of Ethics.

**Complaint** (not required for requests for an advisory opinion):

Name(s) of Possible Violator(s) (if known): \_\_\_\_\_

\_\_\_\_\_

Job Title(s): \_\_\_\_\_

Office(s) (if known): \_\_\_\_\_

Date(s) of Alleged Violation: \_\_\_\_\_

Names of other individuals with personal knowledge of facts/circumstances:

\_\_\_\_\_

\_\_\_\_\_

**Description of Facts and Circumstances:**

The following space is for you to include a detailed description of either: 1) the facts and circumstances that you believe may constitute a violation of Chapter 36 of the City of Cohoes City Code (“Code of Ethics”); or 2) the facts and circumstances on which you would like an advisory opinion.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



If you are in possession of any documentary information that is relevant to this inquiry, please attach a copy to this form.

I have attached \_\_\_\_\_ pages/documents.

I have not attached any pages/documents.

**MANDATORY SIGNATURE REQUIREMENT:**

The following Complaint / Request for an advisory opinion **MUST** be signed to be considered by the Board of Ethics.

I do hereby swear or affirm under the penalty of perjury that the information provided above is true and accurate and that I have personal knowledge of the facts stated.

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

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

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The original copy of this Complaint may be filed with the City of Cohoes Board of Ethics by dropping it off with the Cohoes City Clerk's Office or mailing it to:

City of Cohoes Board of Ethics  
97 Mohawk Street  
Cohoes, NY 12047

Questions relating to the completion of this application or the City of Cohoes Code of Ethics may be submitted to [ethics-board@ci.cohoes.ny.us](mailto:ethics-board@ci.cohoes.ny.us).