

**City of San Marcos Ethics Review Commission  
Ethics Violation Complaint Form**

*All fields **MUST** be completed for complaint to be considered.*

**Complainant Information:**

Name: (please print) \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Fax number/email address: \_\_\_\_\_

**Who is the complaint against:**

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

Position with City: \_\_\_\_\_

**MUST specify what law you allege was violated:**

\_\_\_ City Ethics Ordinance, Section(s) \_\_\_\_\_

\_\_\_ State Conflict of Interest Statute (Local Government Code Chapter 171)

**Briefly state in your own words the facts that lead you to believe a violation has occurred:**

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

**Please attach a copy of all documents upon which you are relying as a basis for this complaint.**

By submitting this complaint, you acknowledge the following:

1. You have reviewed a copy of the City Ethics Ordinance and the Ethics Review Commission Rules of Procedure.
2. You may be asked to appear at the hearing to present evidence to establish the alleged violation.
3. When completed submit your form by mail to the City Attorney's Office, 630 E. Hopkins, San Marcos, TX 78666, e-mail: [mcosentino@sanmarcostx.gov](mailto:mcosentino@sanmarcostx.gov) or fax to 855.759.2846.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Legal Department Use Only**

Date complaint received: \_\_\_\_\_ Person receiving complaint: \_\_\_\_\_