



ETHICS COMPLAINT FORM

This form is to be used only for complaints made under the City’s Ethics Ordinance, Section 2-8, against a city council member(s), the city manager, the city attorney and/or the municipal court judge. This form has been approved by the City Council. For complaints against any other city employee please contact the Human Resources Department at (830)221-4390.

When filling out this form, please be sure to follow the requirements of the ordinance that are attached to this document. These requirements can be found on the City’s website in the Code of Ordinance, Chapter 2-8(i). The website address is:

[https://www2.municode.com/library/tx/new\\_braunfels/codes/code\\_of\\_ordinances](https://www2.municode.com/library/tx/new_braunfels/codes/code_of_ordinances)

PLEASE FILL OUT THE FOLLOWING. ATTACH ADDITIONAL PAGES IF NECESSARY.  
 THE COMPLAINANT’S SIGNATURE MUST BE SIGNED UNDER OATH AND NOTARIZED.

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State of Texas §

County of \_\_\_\_\_ §

Pursuant to the City of New Braunfels Code of Ordinances Section 2-8, I, \_\_\_\_\_, residing at \_\_\_\_\_, City of \_\_\_\_\_, \_\_\_\_\_ County, Texas, being duly sworn before the undersigned authority, hereby state upon my oath that I have personal knowledge and do believe that \_\_\_\_\_ (name of official or employee), on or about the \_\_\_\_\_ day of \_\_\_\_\_ (insert month and year) did violate the below identified city ordinances, state laws or federal laws, in the following manner:

*[Be sure to insert facts that demonstrate how each action was a violation a city ordinance, a state law or a federal law. It is possible that one allegation could be a violation of more than one law.]*

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WITNESS my hand on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
COMPLAINANT

Given under my hand and seal of office on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is known to me to be the person [or after reviewing identification is known to be the person], whose name is subscribed to the foregoing instrument and acknowledged to me that \_\_\_\_\_ executed the same for the purposes and consideration therein expressed.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires: \_\_\_\_\_