

CITY OF ONEIDA
ETHICS COMMITTEE
FORMAL ETHICS COMPLAINT FORM

(Identification Required – Anonymous Submissions Will Not Be Accepted)

1. Complainant Information (Required)

Full Name: _____

Home Address: _____

City, State, ZIP: _____

Phone Number: _____ Email Address: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

2. Respondent Information (Person Named in Complaint)

Full Name: _____

Title/Position: _____

Department/Division: _____

3. Alleged Violation(s) of Ethical Standards

Under New York State General Municipal Law §806 and the City of Oneida Code of Ethics, the Ethics Committee may investigate the following types of concerns related to official duties. Please check all that apply:

☐ Conflict of Interest – Participating in decisions or actions where the individual has a financial or personal interest.

☐ Use of Position for Personal or Financial Gain – Using an official title, authority, or City resources to secure benefits or advantages for oneself or others.

☐ Disclosure Violation – Failing to file or accurately complete required financial disclosure forms.

☐ Incompatible Employment or Outside Interests – Engaging in outside employment or activities that conflict with official City duties.

☐ Misuse of City Property, Funds, or Resources – Using City assets, equipment, or personnel for non-City purposes.

☐ Improper Acceptance of Gifts or Favors – Receiving or soliciting items of value intended to influence official action.

☐ Disclosure of Confidential Information – Sharing or using nonpublic information gained through official position for private benefit.

☐ Other (specify): _____

4. Description of Alleged Conduct

Provide detailed information including actions, decisions, dates, times, locations, and relevant facts describing how the conduct violates the City's Code of Ethics or General Municipal Law §806.

5. Supporting Documentation

List and attach any relevant evidence (emails, correspondence, photos, records, witness statements, etc.) supporting your complaint.

6. Witnesses (if applicable)

Name	Contact Information	Relationship/Role
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7. Affirmation and Signature

I affirm that the information provided in this complaint is true and complete to the best of my knowledge and belief. I understand that knowingly filing a false statement may subject me to penalties under applicable New York State laws.

Signature: _____ Date: _____

Submission Instructions

Submit this completed form and any attachments to:

City of Oneida Ethics Committee
109 N. Main Street
Oneida, NY 13421
ethicscommittee@oneidacityny.gov

All complaints will be reviewed in accordance with the City of Oneida Code of Ethics and New York State General Municipal Law §806.

For Office Use Only

Date Received:		Received By:	
Assigned Case No.:		Initial Review Date:	
Action Taken:			
Date of Action:		Result / Determination:	
Follow-Up Required:	☐ Yes	☐ No	If Yes, Specify: _____