

Date: _____

To: Mayor and City Commission

Re: Formal Complaint against City Attorney, City Clerk or City Manager (circle one)

Person Bringing Complaint:

Name: _____

Address: _____

Phone Number: _____

Email (optional): _____

Person Against Whom Complaint is Brought:

Name: _____

Address: _____

Phone Number: _____

Title or Position: _____

Statement of Facts:

Attached as separate document, please provide a full explanation of your complaint, describing the facts and the actions of the person named above. Include relevant dates and the names and addresses of persons whom you believe may be witnesses.

Oath:

I, the person bringing this complaint, do swear or affirm that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.

Signature of Complainant

STATE OF FLORIDA, COUNTY OF ST. LUCIE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this this ____ day of _____, 20__ by _____.
(name of person making statement)

Signature of Notary Public –State of Florida

Personally Known ___ OR Produced Identification _____ (Type of Identification Produced: _____)