FORM C

CONFIDENTIAL

WSSC BOARD OF ETHICS COMPLAINT FORM

c/o Ethics Office
14501 Sweitzer Lane, Laurel, Maryland 20707
(301) 206-8010

Your Name: _____
First Middle Initial Last

Your Address: _____
Street

_____
City State Zip Code Home Phone

DAYTIME PHONE NUMBER? _____

WHAT PROVISION(S) OF THE WSSC CODE OF ETHICS DO YOU BELIEVE HAVE BEEN VIOLATED?

_____

_____

LIST THE NAME(S) OF THE WSSC EMPLOYEE(S) THAT YOU BELIEVE HAVE VIOLATED THE WSSC CODE OF ETHICS:

1) _____ 3) _____

2) _____ 4) _____

WHAT IS YOUR COMPLAINT? PLEASE DESCRIBE IN YOUR OWN WORDS AND PROVIDE DETAILED FACTS AS TO EACH OF THE CODE OF ETHICS VIOLATIONS THAT YOU HAVE ALLEGED (ATTACH EXTRA PAPER IF NECESSARY):

_____

_____

_____

_____

I SOLEMNLY SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS COMPLAINT, INCLUDING ANY ATTACHMENT, ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

_____ _____
Signature Date