

**POARCH BAND OF CREEK INDIANS
ETHICS REPORT**

INFORMATION ON PERSON FILING THE REPORT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Work) _____ (Home) _____
(Other) _____ (Fax) _____

Email: _____

Do you wish for your identity to remain confidential to the extent possible?

Yes No

THE ETHICS OFFICE WILL ENDEAVOR TO MAINTAIN CONFIDENTIALITY OF THIS MATTER. HOWEVER, THE ETHICS OFFICE CANNOT BE RESPONSIBLE FOR ANY BREACH IN CONFIDENTIALITY THAT OCCURS PRIOR TO THE RECEIPT OF THIS COMPLAINT IN OUR OFFICE.

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. IF YOU DO NOT ANSWER THE QUESTIONS COMPLETELY, THE POARCH BAND OF CREEK INDIANS ETHICS BOARD MAY DISMISS THIS CASE.

1. Name of person(s) allegedly violating the Ethics Code: _____

2. If an elected or appointed Tribal Official, please list, based on your knowledge, information, and belief, the boards, committees, authorities, commissions, or councils on which the person(s) serves: _____

3. If an employee, please list the person(s) job position(s) and the Department(s) or Enterprise(s) for which the person(s) works: _____

4. When and where did the alleged violation occur? (Include the date, time, and place) _____

5. Please set forth any and all facts relative to the alleged violation. If you need additional space, please use the reverse or attach an additional page: _____

6. List the names and contact information for any other person(s) who may be involved and/or who may have knowledge of the alleged violation. If you need additional space, please use the reverse or attach an additional page.

a. Name: _____
Contact Information: _____

b. Name: _____
Contact Information: _____

c. Name: _____
Contact Information: _____

I HEREBY CERTIFY THIS INFORMATION TO BE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT I MAY BE SUBJECT TO SANCTIONS AND/OR PENALTIES FOR MAKING A FALSE CLAIM.

Signature: _____ Date: _____

PLEASE RETURN TO: Poarch Band of Creek Indians
ATTN: Ethics Officer
5811 Jack Springs Road
Atmore, AL 36502
Phone: (251) 368-9136 x 2653
Fax: (251) 446-8086

FOR ETHICS OFFICER USE ONLY

Date Received: _____ Received by: _____

Date Respondent was notified of Complaint: _____