

BOARD MEETING:
2ND AND 4TH TUESDAY OF EACH MONTH
(410) 226-5122



101 Market Street
P.O. Box 339
Oxford, Maryland 21654

Commissioners of Oxford

Name: _____

Address: _____

Phone number: _____

What provisions of the Code of Ethics do you believe has been violated?

Name(s) of the County Officer(s) or Employee(s) involved:

List the Name(s), Address(es) and Contact Number(s) of any Other(s) with knowledge of the matter about which you are complaining:

1. _____

2. _____

What is your complaint? Please describe in your own words and provide as much detail as possible (attach extra paper if necessary):

I solemnly swear, or affirm, under the penalties of perjury that the contents of this complaint, including any attachments, are true and correct to the best of my knowledge, information and belief.

Signature

Date

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of Maryland, County of

_____, this _____ day of _____.

Notary Public