



BEE CAVE
TEXAS

Simply Elevated

**City of Bee Cave
Ethics Complaint Form**

Date Filed/Received: _____

Complainant

Name: _____

Address: _____

Phone Number: _____

Official Accused of Violation(s):

Name: _____

Position or Title: _____

Alleged Code of Ethics provision(s) violated:

(attach additional pages as necessary)

The date(s) of the acts constituting the alleged ethics violation(s); including the facts supporting specific provision(s) of the Ethics Code that are alleged to have been violated:

(attach additional pages as necessary)

**THE STATE OF TEXAS
COUNTY OF TRAVIS**

Before me, the undersigned authority, on this day personally appeared _____
_____, who being by me here and now duly sworn, upon oath, states: "On this
____ day of _____ 20__, I certify that the attached is a true statement."

Affiant Signature _____

(Notary Seal)

Notary public, State of Texas