



Pokégnek Bodéwadmik · Pokagon Band of Potawatomi

Ethics Board Complaint Form

Use of this form for filing a complaint is not required, but its use is encouraged, as a complaint must meet the minimum requirements under Section 11.02 of the Ethics Code in order to be accepted for filing.

Filing Fees. A filing fee of \$100 must accompany this complaint. Under Section 11.01 of the Ethics Code, the filing fee may be waived or reduced if the party filing the complaint submits an Affidavit of Indigence and meets the indigent standards adopted by the Board. If, after reviewing and evaluating the complaint (and any response by the respondent), the Board finds Just Cause and proceeds to a Hearing on the Merits, the filing fee shall be fully refunded.

Where to File. A complaint form must be filed by U.S. mail with the Ethics Board Office *c/o*, Duncan & Associates PLLC, 107 Pennsylvania Ave. Dowagiac, MI 49047. Please note that at this time, the Ethics Board does not have a physical office and Heidi Duncan, Duncan & Associates PLLC is currently serving in the role of legal advisor for the Ethics Board. Heidi Duncan, Duncan & Associates PLLC can only receive your material, it cannot offer any advice about the Ethics Code, provide any forms, review your filing, etc. If you have any questions about the Ethics Code or need any forms from the Ethics Board, please contact the Ethics Board at ethics.board@pokagonband-nsn.gov or (269) 462-4286.

Confidentiality. Under Section 11.04 of the Ethics Code, the complainant and respondent shall keep the complaint and all information contained herein confidential at all times until the Board finds Just Cause for the Complaint. Any party violating this requirement may be subject to a fine of up to \$1,000.

Prohibition Against Retaliatory Action. Under Section 8.16 of the Ethics Code, the Band, Public Officials, Public Employees, and Tribal Entities shall not retaliate against or threaten or intimidate any person who has filed a complaint or who has testified or is expected to testify in an Ethics Board proceeding.

I. Identity of Complainant. The Ethics Board cannot accept anonymous complaints.

First Name, Middle Initial, Last Name			
Physical Address		Mailing Address	
Telephone	I am a	<input type="checkbox"/> Pokagon Band Citizen <input type="checkbox"/> Public Official <input type="checkbox"/> Public Employee	<input type="checkbox"/> (Other) Identify below.

II. Identity of Public Official or Public Employee. A single complaint may be filed against multiple Public Officials or Public Employees, provided that there are substantially similar claims involved. If your complaint involves more than one Public Official or Public Employee, attach another page identifying the additional Public Officials or Public Employees that are the subject of your complaint.

First Name, Last Name	Title	Department
Work Address		Work Telephone

III. List the specific ethics provision(s) allegedly violated by the Public Official(s) or Public Employee(s). (See Chapter 8 of the Ethics Code. The Ethics Code is available online at [http://www.pokagonband-nsn.gov/codes/Code%20of%20Ethics%20\(current%20101011\).pdf](http://www.pokagonband-nsn.gov/codes/Code%20of%20Ethics%20(current%20101011).pdf) or you may obtain a copy by contacting the Ethics Board by email at ethics.board@pokagonband-nsn.gov or by telephone at (269) 462-4286.

IV. Statement of Facts. State the facts constituting the alleged violation(s). Include the dates (or time period) the alleged violations occurred. Also include the name(s) and contact information of any known or potential witnesses and of any individual(s) who may be able to provide additional information. (Attach additional pages if necessary.)

V. **Identify the specific evidence to prove the facts alleged in Section IV above.** As to any evidence, identify whether it is in your possession, available to you but not in your possession, or not available to you (and the last known location). Attach copies of any evidence in your possession or available to you. (Attach additional pages if necessary.)

VI. Declaration Under Penalty of Perjury.

I, the complainant identified below, declare under penalty of perjury that the allegation(s) and information contained herein (including any attached page(s)) is/are true and correct.

Signature of Complainant

Date

Print Name