

PRAIRIE BAND POTAWATOMI ETHICS COMMISSION

P.O. Box 218

Mayetta, Kansas 66509

[pbpnetics@gmail.com](mailto:pbpnetics@gmail.com)

Ethics Commission Formal Complaint Form

First Name:	Last Name:
Address:	
City, State, Zip Code:	
Email Address:	Phone number:
Best way/time to contact me:	

**All fields must be completed to initiate a review. Incomplete forms will be returned for proper completions.**

Date(s) of alleged violation(s): \_\_\_\_\_

Name(s) of Elected/Appointed Official(s) (Investigative Party): \_\_\_\_\_

Name of Council/Commission/Board/Committee: \_\_\_\_\_

Please **Circle** which section(s) of the Code of Ethics, Ethical Obligations and/or Standards of Conduct you believe have been violated:

- A. Elected/Appointed Officials have a solemn duty and ethical obligation to comply with these duties and responsibilities:
  - 1. Act at all times in the public interest to protect and promote the health, safety, and welfare of the Nation.
  - 2. Protect and promote tribal sovereignty and self-determination.
  - 3. Demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in the performance of their official duties.
  - 4. Protect the honor of the Nation's name, symbols, and regalia.
  - 5. Treat members of the Nation fairly.
  - 6. Uphold the Prairie Band Potawatomi Code of Ethics.
  - 7. Attend required meetings.
- B. Standards of Conduct and Potential Official Misconduct
  - 1. Dereliction of duty
  - 2. Conflict of Interest
  - 3. Appearance of Impropriety
  - 4. Misuse of Confidential Information
  - 5. Unauthorized Compensation or Benefits
  - 6. Unauthorized Use of Nation Property, Funds or Staff
  - 7. Acceptance of Solicitations and Excessive Gifts
  - 8. Misuse of travel funds and Leave
  - 9. Misuse of Official Position
  - 10. Harassment
  - 11. Whistle blowing (Retaliation against whistle blower)



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List the name of the witness(es)  
with direct knowledge of the alleged violation(s)  
specified in your complaint.

Complete the following information to the best of your ability.

First Name	Last Name:
Address:	
City, State, Zip Code	
Email Address:	Phone number:
Place of Employment:	
First Name:	Last Name:
Address:	
City, State, Zip Code	
Email Address:	Phone number:
Place of Employment:	
First Name:	Last Name:
Address:	
City, State, Zip Code	
Email Address:	Phone number:
Place of Employment:	

List any additional witnesses information on a separate page if necessary.

Supporting documentation attach:  YES  NO  NOT APPLICABLE

Other Supporting evidence attach:  YES  NO  NOT APPLICABLE

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Please initial:

\_\_\_\_\_ I agree, the completed form and all supporting documentation & evidence will become property of the Ethics Commission upon submission.

\_\_\_\_\_ I agree to comply with the following confidentiality requirement:

CONFIDENTIALITY REQUIREMENT: All written complaints, conversations, documents, or other activities involving an alleged violation of Ethical Obligations and/or Standards of Conduct are confidential and shall not be revealed in any manner to anyone except the Ethics Commission charged with the responsibility of investigating the Appointed/Elected Official being charged. Therefore, you, as the complainant, may not disclose the fact that you filed this complaint and may not discuss its contents with anyone other than those involved in the investigative process. Only the Investigative Party and those involved in the investigative process will be provided with the information contained in this complaint. You understand that by submitting this form, you are giving the Ethics Commission permission to share the information contained in your complaint, and any additional information that you submit, for the purpose of investigation, inspection, or any discipline proceedings, regarding the individual about whom you have a complaint or concern.

\_\_\_\_\_ I will cooperate fully with the investigation process and respond to all requests made by the Ethics Commission and/or their Investigator. Failure to cooperate may prevent the completion of the investigation.

\_\_\_\_\_ I will report any form of retaliation directly to the Ethics Commission within seven (7) day of the incident.

I understand by signing my name that I have completed the written allegation or complaints of Ethical Violations to the best of my ability.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date