Kansas City,
Board of Public Utilities 540 MINNESOTA AVENUE • KANSAS CITY, KANSAS 66101 • (913) 573-9000

ETHICS INQUIRY AND COMPLAINT FORM

Witness Contact Information [Witnesses may elect to remain anonymous but are encouraged to provide contact information to assist the Ethics Administrator with responding to requests. Contact information will be used for investigation purposes only and will be kept confidential for all purposes associated with the investigation, with disclosure only as directed by judicial authority.]

Name: _____

Address: _____

_____

_____

Telephone: _____

Electronic Mail Address: _____

Date of Complaint: _____

Brief Description of Inquiry or Complaint [The witness should provide as much information as possible related to the inquiry or as much as known about the person alleged to have committed an ethics violation, including name(s), title(s), contact information, and office/supervisor. Dates, times and locations of conduct should also be provided, and the names of any other person believed to have information related to the complaint. Use the reverse side of this form if necessary.]

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Upon completion, please mail to: Ethics Administrator, 540 Minnesota Avenue Kansas City, KS 66101. [Mark all envelopes "Confidential."]