



CITY OF DALLAS
ETHICS ADVISORY COMMISSION

RESPONDENT FORM

For Official Use Only

**ANY PERSON WHO KNOWINGLY MAKES A FALSE RESPONSE
TO A COMPLAINT MAY BE SUBJECT TO CRIMINAL
PROSECUTION.**

PART A – RESPONDENT INFORMATION

Please type or print legibly in blue or black ink

1. Your full name (Identifies you as the Respondent)

Responding Party (Check One)		Fill in Appropriate Information	
<input type="checkbox"/>	Elected Official	Office Held	
<input type="checkbox"/>	Appointed Official	Board or Commission/ Title	
<input type="checkbox"/>	Candidate	Office Sought	
<input type="checkbox"/>	City Employee	Title/Department	

-
2. Your residence address (Street, City, State and Zip Code) County

-
3. Your business address (Street, City, State and Zip Code) County

-
4. Business phone #

Residence phone #

PART B – COMPLAINT INFORMATION

I, THE RESPONDENT, DECLARE THAT I AM PROVIDING A RESPONSE TO THE COMPLAINT FILED AGAINST ME BY THE FOLLOWING:

5. Complainant's full name (print)

Original Complaint Amended Complaint

6. Date of original complaint or amended complaint (whichever is applicable)

7. Complainant's residence address (Street, City, State, Zip Code and County)

8. Complainant's business address (Street, City, State, Zip Code and County)

9. Business phone #

Residence phone #

PART C -- DESCRIPTION OF RESPONSE

Provide a statement that responds to or refutes the allegation(s) contained in the complaint filed against you. Your statement should include full names, addresses and telephone numbers of anyone involved, particularly any witnesses with direct knowledge of the action or event that gave rise to this complaint. Attach photocopies of any pertinent papers or documentation that you feel are relevant.

PART D -- SOURCES OF EVIDENCE

PART E – ATTESTATION

I CERTIFY THAT I HAVE READ THIS RESPONSE, FULLY UNDERSTAND ITS CONTENTS, AND I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF TEXAS THAT THE FOREGOING STATEMENTS AND PHOTOCOPIES OF ATTACHED DOCUMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT A COPY OF THIS RESPONSE WILL BE SENT TO THE CHAIR OF THE ETHICS ADVISORY COMMISSION AND TO ALL PARTIES TO THE COMPLAINT, INCLUDING THE INDIVIDUAL WHO SUBMITTED THE COMPLAINT AGAINST ME. “ALL PAPERS AND COMMUNICATIONS RELATING TO THIS COMPLAINT WILL BE TREATED AS CONFIDENTIAL UNLESS REQUIRED TO BE MADE PUBLIC UNDER THE PUBLIC INFORMATION ACT OR OTHER APPLICABLE LAW.”

Signature

Before me the undersigned authority, on this the ____ day of _____, 20____ personally appeared _____, known to me to be the person whose name is subscribed hereto, and being duly sworn stated that he/she has personal knowledge of the facts hereinabove and that such facts are to his/her knowledge true and correct.

Notary Public

<NOTARY SEAL>

_____ County, Texas

My Commission expires:

Should you have any questions concerning this form, please contact the City Secretary's Office, at (214) 670-3738 during regular business hours (8:15 AM – 5:15 PM).

Upon completion of **ALL** sections of the response form, please hand deliver or send by certified mail with any attachments to:

Office of the City Secretary
CITY HALL
1500 Marilla Avenue – Suite 5DS
Dallas, TX 75201