



BOARD OF ETHICS

NOTE: THIS FORM IS PROVIDED FOR YOUR ASSISTANCE. IT IS NOT REQUIRED. YOU MAY SUBMIT YOUR REQUEST FOR A POST EMPLOYMENT WAIVER USING THIS FORM VIA EMAIL OR BY LETTER TO THE BOARD OF ETHICS AT THE FOLLOWING: EthicsBoard@westchestercountyny.gov; Board of Ethics c/o Westchester County Attorney, 148 Martine Avenue, 6th Floor, White Plains, NY 10601.

Complainants shall be afforded such whistleblower protections as may be provided by law, including but not limited to the protections set forth in New York Civil Service Law §75-b and New York Labor Law §740, to the extent applicable.

FOR OFFICIAL USE:
Complaint No. _____ Date Received _____

1. Your contact information (optional):

Name _____
Address _____
Phone number _____
Email address _____
Department _____

2. Nature of your complaint (check one or more)

a. Use of public office for private gain _____
b. Interest in a County contract _____

[CONTINUED ON PAGE 2.]

c. Doing business with the County _____
d. Personal use of County resources _____
e. Gifts to induce or reward official acts _____
f. Outside employment in conflict with duties _____
g. Personal use or disclosure of confidential info _____

