

HIV Planning Council
Complaint Form
Instructions Sheet

The HIV Planning Council can remove Council Members through the process identified in its Bylaws, Section 3.8, Termination of Membership for Reasons Other than Attendance. A member of the public that would like to file a complaint against an HIV Planning Council Member must complete the following steps:

The complaint form must be submitted to the Office of the City Clerk or the Staff Liaison for the HIV Planning Council. Once complete all complaints will be provided to Executive Committee for review and determination of appropriate follow-up actions.

A * indicates a required field

Page 1: Contact Information

Individual Filing Complaint*: The full name of the individual who is filing the complaint.

Individual Filing Complaint Contact Information*: The mailing or street address, telephone number, and email address of the individual filing the complaint.

HIV Planning Council Member Complained Against*: The full name of the individual who is the subject of the complaint.

Page 2: Description of the Complaint

Type of violation*: Please identify which of the following has occurred. If the complaint involves allegations of more than one of the listed violation, the filer will need to complete a separate description for each alleged violation.

1. Habitual behavior which inhibits the Council's ability to conduct business in a timely and efficient manner;
2. Conduct that negatively impacts confidence in the Council, including, but not limited to a violation of conflict of interest rules;
3. Behavior that could prevent others (Council members, staff, members of the public) from attending or participating in meetings.

Date of Alleged Violation*: Please list the date of the alleged violation.

Actions Alleged to be a Violation*: Please provide a description of the alleged violation.

Witnesses or Evidence that would be presented: Please provide a list of evidence or witnesses that may be contacted by the HIV Planning Council.

Allegations of fraud and abuse must be filed with the City of Austin's Ethics Review Commission.

Page 3: Affidavit

This field requires a notary seal. If requested the Office of the City Clerk can notarize the form.

For assistance in completing the Complaint Form, please contact Office of Support at (512) 972-5862 or HIVPlanningCouncil@austintexas.gov