

HIV Planning Council
COMPLAINT FORM

NAME OF PERSON(S) FILING COMPLAINT: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH HIV PLANNING COUNCIL MEMBER COMPLAINED AGAINST.

NAME OF MEMBER COMPLAINED AGAINST: _____

MAILING ADDRESS: _____

PHONE NUMBER [IF KNOWN]: _____

EMAIL ADDRESS [IF KNOWN]: _____

Please identify which of the following has occurred in relation to the HIV Planning Council member's duties. If the complaint involves allegations of more than one of the listed violations, 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.

Please list each alleged violation of the above items separately using the following page. Complete as many complaint forms as needed for each alleged violation.

ALLEGED VIOLATED: _____

DATE OF ALLEGED VIOLATION: _____

ACTIONS ALLEGED TO BE A VIOLATION:

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED:

Contact information of any person(s), other than the person complained against, who is identified by name above or in any attachments as involved in the alleged inappropriate Conduct: (Leave blank if inapplicable.)

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS [IF KNOWN]: _____

NAME: _____

MAILING ADDRESS: _____

EMIAIL ADDRESS [IF KNOWN]: _____

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS [IF KNOWN]: _____

If more room is necessary, please continue on a blank page using the same format

All the statements and information in this complaint are true and factual to the best of my knowledge.

DATE _____

COMPLAINANT'S SIGNATURE _____

PRINT NAME _____

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

On the day of _____, _____, to certify which
witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary

This form must be submitted to Office of City Clerk, 301 W 2nd Street Suite 1120, Austin, TX 78701 or a notarized copy of this form may be submitted by email to HIVPlanningCouncil@austintexas.gov or mailed to HIV Planning Council, 7201 Levander Loop, Building H, Austin, TX 78702.