



VILLAGE/TOWN OF MOUNT KISCO  
BOARD OF ETHICS

WESTCHESTER COUNTY, NEW YORK

104 Main Street, Mount Kisco, NY 10549-0150

Tel (914) 241-0500 · Fax (914) 241-9018

Amy Justiniano, Chair  
Edward Reilly  
Alicia Gaudio

John Piazza  
Kathy Lynch

Name of Complainant:

Address:

Phone Number:

Email:

Best time to contact you:

Name of individual of whom you are complaining:

Position/title of the individual you are making the complaint against:

Are other people involved? If so, who? Please provide names and titles if available:

What is the nature of the complaint?

Please identify the section of the Code of Ethics (<https://ecode360.com/10859793>) or Article 18 of the General Municipal Law (<https://www.nysenate.gov/legislation/laws/GMU/A18>) you believe has been violated:

In your own words, please briefly provide a description of your complaint. Please provide as much information as possible, including the identity and location of any witnesses or information that may be useful to the Board of Ethics' investigation:

Where did this matter occur?

What are the dates on which this matter occurred?

How did you become aware of this matter?

If you have a document or file that supports your report, please provide it to the Board of Ethics via email to [ethics@mountkisco.ny.gov](mailto:ethics@mountkisco.ny.gov) or directly to a member of the Village of Mount Kisco Board of Ethics.

**The Village of Mount Kisco does not tolerate any retaliation against individuals who make a report and provide information in good faith. Similarly, the Board of Ethics will not entertain any complaints which lack good faith, are incomplete or are the subject of criminal investigation or prosecution, or are anonymous**

I hereby swear and affirm, under penalty of perjury, under the laws of the State of New York, that the information alleged in this Complaint Form is believed in good faith to be true and correct to my knowledge, information and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn/Affirmed to before me this

\_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary