



The full name of the person(s) or legal entity filing the Complaint (hereinafter called the "Complainant") is \_\_\_\_\_.

If the Complainant is a legal entity, it is: a corporation ; a partnership  ; or \_\_\_\_\_ . *Check one of the boxes or write in the type of legal entity.*

The Complainant's address is \_\_\_\_\_ .  
(Mailing or Street Address including Zip Code)

**THE COMPLAINT IS AS FOLLOWS:**

**I. NAME, TITLE, AND ADDRESS OF RESPONDENT**

The person who is the subject of the Complaint (hereinafter called the "Respondent")  
\_\_\_\_\_ is currently  
(Name of Respondent(s))

\_\_\_\_\_  
(Position or Job Title of each Respondent)

The Respondent's address is \_\_\_\_\_ .  
(Mailing or Street Address including Zip Code)

**Return to:** Council Clerk's Office  
LFUCG  
200 E. Main Street, 2<sup>nd</sup> floor  
Lexington, KY 40507





**IV. LISTING OF DOCUMENTS AND OTHER MATERIALS**

List or attach, if possible, any documents or portions of documents which relate to the allegations.

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*If more space is needed, attach a sheet immediately after this page and label it "Page 4(a)".*

**DO YOU WAIVE THE CONFIDENTIALITY OF THE EXISTENCE OF ANY PRELIMINARY INQUIRY CONCERNING THIS COMPLAINT?**

YES       NO

**AFFIDAVIT**

**NOTICE:** IF THERE ARE MULTIPLE COMPLAINANTS, COMPLETED COPIES OF THIS PAGE MUST BE SUBMITTED FOR EACH COMPLAINANT.

COMMONWEALTH OF KENTUCKY  
COUNTY OF FAYETTE

COMES NOW, \_\_\_\_\_(Complainant),  
and being duly sworn, deposes and states as follows: I, being the heretofore named Complainant or an authorized representative of the same, do swear or affirm, under penalty of perjury, that I have knowledge of the facts alleged hereinabove and the information contained herein is true and correct.

\_\_\_\_\_  
Signature of Complainant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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