CCM SURVEY ON LOCAL ETHICS POLICIES June 2008

<u>This survey has been sent to all municipal Mayors and First Selectmen</u>, please feel free to forward to the most appropriate person in your administration to **complete this survey and return it**, *along with the necessary documentation*, <u>ASAP</u> (was due on June 30th, 2008).

- → Please be sure to answer all questions completely and accurately to the best of your knowledge feel free to use extra sheets if needed to provide detailed answers and information.
- → Please be sure to *return the survey with a copy of all local ordinances, policies, forms, etc* that apply to municipal ethics.

→ Return to:	Kachina Walsh-Weaver CCM, 900 Chapel Street New Haven, CT 06510	email: <u>kweaver@ccm</u> fax: (203) 497-2476 phone: (203) 498-3026	5	
MUNICIPALITY	:			
Person Completing	g Survey:	Title:		
Phone:		Email:		
	nicipality have a Code of Ethics o ** (<i>If YES</i> , please attach a copy)	r Ethics Policy? **	YES NO	
(1a)	If YES, how was it established: Charter Ordinance Code Other (describe)			
	 Statement of Fir Ethics Commiss Gift Policy Policy for forme Process for addr unethical conduct Appeal mechani municipal ethics 	est Policy onflict of Interest nancial Interests ion or Board er public employees and offici essing complaints or allegatic ct sm for those aggrieved by the	ials ons of e outcome of a	
	□ Other (<i>describe</i>)	I		

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(1c)	<i>If YES</i> , whose is responsible for tracking allegations or complaints of
	unethical conduct?

Name Title Phone Email

- (1d) *If YES*, approximately how many complaints were received in calendar year 2007?
 - □ 0 □ 1-5 □ 6-10 □ 10-15
 - □ 10⁻¹. □ 15+

(1di) *If complaints were received*, what types of situations were they for?

- Check all that apply:
 - $\ \ \Box \ \ Conflict of Interest$
 - □ Gifts/Gratuities/Favors
 - □ Nepotism
 - □ Unauthorized/Personal use of municipal property
 - Outside Employment
 - \Box Other (*describe*)

<pre>concerning ethics? (3a) If YES, who is responsible for providing such response? Local Ethics Commission/Board</pre>				
 Local Ethics Commission/Board Regional Ethics Commission/Board Municipal Attorney 	•		YES	NO
$\Box \text{Other} \ (describe) \qquad _$	(3a)	 Local Ethics Commission/Board Regional Ethics Commission/Board Municipal Attorney Legislative Body 		

(4a)	If YES,		
	Organ	ization Name	
	Conta	et Person	
	Phone	Number	
		-	

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