



City of Beacon  
Board of Ethics  
Ethics Violation Complaint Form

One Municipal Plaza  
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Beacon, New York 12508  
Ph: (845) 838 – 5010  
Fax: (845) 838 - 5012

Chair Montos Vakirtzis - [mvakirtzis@cityofbeacon.org](mailto:mvakirtzis@cityofbeacon.org)  
Secretary Arthur Camins – [acamins@cityofbeacon.org](mailto:acamins@cityofbeacon.org)  
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Andre Richards – [arichards@cityofbeacon.org](mailto:arichards@cityofbeacon.org)

*Forms can be submitted via mail, fax, or email to any of the members, or dropped off at City Hall*

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Ethics Violation: \_\_\_\_\_

Persons Involved: \_\_\_\_\_

Description of Ethics Violation:

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