



City of Beacon  
Board of Ethics  
Ethics Violation Complaint Form

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

Secretary, Arthur Camins – [acamins@beaconny.gov](mailto:acamins@beaconny.gov)  
Phillip Greenblatt – [pgreenblatt@beaconny.gov](mailto:pgreenblatt@beaconny.gov)  
Andre Richards – [arichards@beaconny.gov](mailto:arichards@beaconny.gov)  
Ceasar Gonzalez - [cgonzalez@beaconny.gov](mailto:cgonzalez@beaconny.gov)

*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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