

# **AGENDA**

# Eau Claire County Conduct Inquiry Board Monday, September 11, 2023, at 3:00 p.m. 721 Oxford Ave., Suite 3312, Eau Claire, WI 54703

A majority of the county board may be in attendance at this meeting, however, only members of the committee may take action on an agenda item.

# Join from the meeting link:

https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m5d5a7cdf6960e9c74dc0395e5759da30

# Join by meeting number:

Meeting number: 2539 987 0444 Password: bfFs4kZQN37

Join by phone:

Dial in: 415-655-0001 Access Code: 2539 987 0444

- 1. Call to Order and confirmation of meeting notice
- 2. Roll call
- 3. Public Comment
- 4. Welcome and Introductions
- 5. Review/approval of meeting minutes **Discussion/Action** 
  - a. July 24, 2023
- 6. Board member term limits **Discussion/Action**
- 7. Complaint Form/Process **Discussion/Action**
- 8. Adjourn

Prepared by: Samantha Kraegenbrink – Assistant to the County Administrator

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee or Administration for assistance (715-839-5106). For additional information on ADA requests, contact the County ADA Coordinator at 839-6945, (FAX) 839-1669 or 839-4735, TTY: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.



# **MINUTES**

Eau Claire County
Conduct Inquiry Board
Monday, July 24, 2023, at 1:00 p.m.
Eau Claire County Ag & Resource Center
227 1st St. W. Altoona, WI 54720 • Room 103/104

Members Present: Carol Craig, Steve Anderson, Gregg Moore, William Gabler, Joshua Christianson

Members Absent: Thomas Hoff

Others: Samantha Kraegenbrink, Kathryn Schauf, Sharon McIlquham

# Call to Order and confirmation of meeting notice

Corporation Counsel McIlquham called the organizational meeting to order at 1:00 p.m. and confirmed meeting notice.

## Roll call

Roll call is listed above under present. Members also offered introductions at this time.

# **Public Comment**

No members of the public wished to make comment.

# **Election of Officers: Chair and Vice-Chair**

Corporation Counsel called for nominations of Chair of the Conduct Inquiry Board. William Gabler nominates Gregg Moore for Chair. Gregg Moore accepts the nomination. Request for nominations were called twice more with no further nominations. 5 aye, 0 nay; Gregg Moore assumes the position of chair.

Chair Moore called for nominations of vice-chair of the Conduct Inquiry Board. Chair Moore nominates William Gabler as vice-chair. William Gabler accepts the nomination. Request for nominations were called twice more with no further nominations. 5 aye, 0 nay; William Gabler assumes the position of vice-chair.

## Confirmation of Board Clerk: Samantha Kraegenbrink, County Administration

Chair Moore called for confirmation of board clerk, Samantha Kraegenbrink. Motion by Steve Anderson, seconded by Carol Craig. All in favor of confirmation.

\*Chair Moore left the meeting at 1:08 p.m. Vice-chair Gabler presided over the meeting.

### **Overview of the Conduct Inquiry Board**

Corporation Counsel provided background. Members discussed the code as it relates to the Board.

## Proper decorum and Open Meetings Law: Sharon McIlquham, Corporation Counsel

Corporation Counsel provided background. The board had the opportunity to discuss and ask questions.

# **Complaint Form/Process**

Corporation Counsel provided various examples of forms to use for submission of a formal complaint. The Board discussed each and were advised to provide further input by the end of the week to Corporation Counsel.

Motion by Joshua Christianson, seconded by Carol Craig to adjourn the meeting. The meeting was adjourned at 2:07 p.m.

Respectfully submitted by,



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Samantha Kraegenbrink – Assistant to the County Administrator

# APPENDIX A

# EAU CLAIRE COUNTY ETHICS COMPLAINT

COMPLAINANT INFORMATION		RESPONDENT INFORMATION			
FIRST NAME	MIDDLE INITIAL		NAME OF PUBLIC OFFICIAL		
LAST NAME	_		POSITION OR JOB TI	TLE	
ADDRESS/PO BOX			BOARD, COMMISSION, COMMITTEE, COUNCIL, OR DEPARTMENT		
ADDRESS			WORK ADDRESS		
CITY, STATE, and ZIP CODE			CITY, STATE, and ZIP CODE		
TELEPHONE NUMBER			WORK TELEPHONE NUMBER (If Known)		
EMAIL ADDRESS			EMAIL ADDRESS (If Known)		
	ALLEG	SED VIOL	ATION		
I have checked each section of the ethics	code that I believe	the Respo	ndent has violate	d:	
☐ Incompatible employment		of position to compel charitable contributions, donations,			
☐ Representing private interests before a	gencies or courts	duce business			
☐ Disclosure of confidential information		ducting private business on county premises and time			
☐ Gratuities, kickbacks, gifts, or favors		☐ Proh	hibited contracts with the county		
☐ Failure to disclose interest in legislation			olic purpose doctrine		
□ Nepotism					
_ repousin					
Date the violation began:	Date of the most	Date first learned of the violation:			
2 410 41.0 41.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (					
BRIEF DESCRIPTION	ON OF CONDUCT	ALLEG	D TO VIOLAT	E THE ETHICS CODE	
16			- dditi 1 01/ v/ 441		
11 1110	re space is needed, pl	ease allach	additional 6/2 X 11	pages.	
	VE	RIFICATI	ON		
that the statements I have made a	e true and correct t	to the best	of my knowledge	ge of the facts alleged in the complaint, e, information, and belief, and that the against whom the complaint is made.	
Subscribed and sworn to before mday of					
Notary Public, State of Wisconsin My commission □ is permanent. □ expires			COMPLAINANT'S SIGNATURE		

#### APPENDIX A

### INSTRUCTIONS FOR COMPLETING ETHICS COMPLAINT

The information that you provide on the complaint form is necessary for the Ethics Board to hear your complaint. It is important that you follow these instructions when completing the complaint form. Incomplete forms may not be processed unless you provide further information.

Use black or blue ink. Type or write legibly. If you make an error, draw a line through the error and initial the change. Do not use eraser or whiteout to make corrections. Write on only one side of the complaint form and any additional pages.

If you have any questions about how to complete the complaint form, please call the Eau Claire County Corporation Counsel's office at 715-839-4836. Return your completed complaint form to:

Eau Claire County Corporation Counsel 721 Oxford Ave., Suite 3520 Eau Claire, WI 54703

# **COMPLAINANT INFORMATION**

You must provide your legal name, address, and telephone number. Include your email address if you have one.

### RESPONDENT INFORMATION

You must provide the name of the public official against whom you are filing the complaint. If you know the official's job title, department, work address, telephone number, and email address, you must provide that information. If your complaint is against more than one public official, you must complete a separate complaint form for each official.

#### **ALLEGED VIOLATION**

Check the box for each section of the ethics code that you allege has been violated. If space is provided for a subsection following the section number and title, you must write in the number for each specific subsection that you allege has been violated. Write in the date that the alleged violation began, the date of the most recent violation, and the date that you first learned of the violation in the three boxes that are provided. You can view the Code of Conduct and Conduct Inquiry Board (Chapter 2.08) here (Beginning at page 45 of the PDF): <a href="https://www.eauclairecounty.gov/home/showpublisheddocument/7496/638180276960630000">https://www.eauclairecounty.gov/home/showpublisheddocument/7496/638180276960630000</a>

## BRIEF DESCRIPTION OF CONDUCT ALLEGED TO VIOLATE THE ETHICS CODE

Provide a short, factual statement describing the action taken by the public official named in your complaint that you allege violates each section of the ethics code that you have identified. Be sure to include the dates on which the alleged violations occurred. If any allegation in the complaint is not based on your own direct knowledge, you must identify and provide the basis for any allegation that is made upon information and belief.

Attach copies of any documents that support your allegations to the complaint. Do not send original documents, because the documents will not be returned to you.

Describe any documents or other materials that support your allegations but that you are not able to attach to the complaint. Indicate where these additional documents or other materials are located.

Include the names and addresses of any witnesses or persons having knowledge of facts that support your allegations.

If you need more space, continue your statement on additional  $8\frac{1}{2}$  x 11 - inch pages, making sure that each page is numbered so that it can be kept in the proper order.

### **VERIFICATION**

You must sign the complaint in the presence of a notary public and have your signature notarized. Your signature verifies that you have read the complaint, that you have personal knowledge of the facts, and that the statements you have made are true. It is unlawful to file a false complaint or to file a complaint for the purpose of harassment.

# EAU CLAIRE COUNTY/TOWN OF EAU CLAIRE CODE OF ETHICS COMPLAINT FORM

INSTRUCTIONS. Review Eau Claire County Code of Conduct and Conduct Inquiry Board (Chapter 2.08) before filling out this complaint form. The code can be viewed here: <a href="https://www.eauclairecounty.gov/home/showpublisheddocument/7496/638180276960630000">https://www.eauclairecounty.gov/home/showpublisheddocument/7496/638180276960630000</a>. Complaints must be signed before a Notary Public and mailed to: Eau Claire County Corporation Counsel 721 Oxford Ave, Suite 3520, Eau Claire, WI 54703 or they can be scanned and e-mailed to sharon.mcilquham@eauclairecounty.gov.

		I. ABOUT TH	<b>E COMPLAINANT</b>	•	
Name of Complainant:		Address:		City:	State: Zip Code:
Telephone Number:	Alternate Tele	ephone Number:	E-Mail Add	dress:	Best Time to Call:
					Morning Afternoon
Can notices be sent dir	ectly to you via e	mail instead of usi	ng regular mail?	☐Yes ☐N	No
			COMPLAINT		
What is/are the name(s)	of the County er		al(s) that were in		
No. Name:		Title:		Role F	Played (Significant or Minor):
1					
2					
3					
When did the action/inc	ident occur?		Where did this	s action/incident occ	ur?
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Please describe the act	ion/incident that	occurred in the spa	ice provided beid	ow:	
					Па
					See attachment
Did you personally witn	ess the action/inc	cident? Yes	No No		
f there were others who			cident, please id	entify them in the spa	ace provided below:
No. Witness Name(s):			Phone Nu	mber or Other Contact	Information (if known):
1					
2					
			_		
3					
4					
5					
What section(s) of the (	Code of Ethics or	dinance (Chapter 2	08) do vou belie	ve were violated?	
Trial occion(o) or the	7000 01 <u>2111100</u> 01	amanoo (onaptor 2	ico, ao you bollo	To more violated.	
	III. CER	TIFICATION (MUS	ST BE SIGNED	AND NOTARIZED)	
I, the undersigned, swear or affirm that the above statement and any					d sworn to before me
_			on and any		
attachments hereto are	e true and correc	CL.		thisday o	of, 202
				Notary Public	State of Wisconsin
Signature of Complain	ant	Date			on Expires:
organical or complain	AIT	Date		iviy Commissio	.п Ехрігоз.

**NOTE:** This form must be manually signed, printed, and notarized.