



## MEMORANDUM

TO: Anne Morgan, City Attorney  
Peter Einhorn, Ethics Commission  
Abel Ochoa  
Idara Bessard

FROM: Jannette Goodall, City Clerk

DATE: August 8, 2017

SUBJECT: Sworn Complaint

The attached sworn complaint was received on August 3, 2017 in the Office of the City Clerk. It was filed by Abel Ochoa against Idara Bessard.

Per City Code, Chapter 2-7-41(D), this letter serves as the Office of the City Clerk's acknowledgement that the complaint was received and as notice to all those named above, as required in the code.

Attachment

FILED IN THE OFFICE OF CITY CLERK  
ON 3 DAY OF August 2017  
AT 10:05 AM  
Jose Luis R. Torres  
CITY CLERK

**ETHICS REVIEW COMMISSION**  
**CHAPTER 2-7 CITY CODE**  
**COMPLAINT**

NAME OF PERSON(S) FILING COMPLAINT: Abel Ochoa

MAILING ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON  
COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Idara Bessard

CITY OFFICE, DEPARTMENT, COMMISSION: Austin 311

MAILING ADDRESS: 1520 Rutherford Ln Bldg 4 Ste 200 Austin, TX 78754

PHONE NUMBER [IF KNOWN]: 512-972-9901

EMAIL ADDRESS [IF KNOWN]: idara.bessard@austinenergy.com

The Ethics Review Commission has jurisdiction to hear complaints alleging violation(s) of  
the following provisions:

- City Code, Chapter 2-1, Section 2-1-24 (City Boards, Conflict of Interest and Recusal)
- City Code, Chapter 2-2 (Campaign Finance)
- City Code, Chapter 2-7 (Ethics and Financial Disclosure), except for Article 6 (Anti-lobbying and Procurement)
- City Code, Chapter 4-8 (Regulation of Lobbyists)
- City Charter, Article III, Section 8 (Limits on Campaign Contributions and Expenditures)

PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CITY CODE AND  
CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING PAGES.

1.

SECTION OF CHARTER OR ORDINANCE VIOLATED: CHAPTER 2-7

DATE OF ALLEGED VIOLATION: MAY 19, 2017 AND JANUARY 26, 2017

ACTIONS ALLEGED TO BE A VIOLATION:

5/19/17 - wrongful termination - Action Plan developed, however  
was never signed nor completed despite my ignored invitations to  
discuss as outlined in the plan. Skills assessment did not reflect training.  
Time allotted to complete assessments was unreasonable. Family emergency  
not considered when completing final assessment.  
1/26/17 - Demotion - Demoted to Research Analyst from IT Application Analyst  
with 20% reduction in pay based on skewed assessment of untrained skills  
and limited time. Idara Bessard's actions are a brazen disregard of due process  
WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_ and fairness.  
Action Plan -  
ASSESSMENTS -  
EMAILS -

CONTACT INFORMATION OF ANY PERSON(S), OTHER THAN THE PERSON  
COMPLAINED AGAINST, WHO IS IDENTIFIED BY NAME ABOVE OR IN ANY  
ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE  
CONDUCT: (Leave blank if inapplicable.)

NAME: Ebony Howard

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF \_\_\_\_\_

NAME: Terika Hemphill

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF \_\_\_\_\_

NAME: Michael Quinn

MAILING ADDRESS: 1520 Rutherford Ln Bldg 4 Ste 200- Austin, Tx 78754

EMAIL ADDRESS [IF KNOWN]: michael.quinn@austintexas.gov

II.

SECTION OF CHARTER OR ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION: \_\_\_\_\_

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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\_\_\_\_\_

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NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

III.

SECTION OF CHARTER OR ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

IV.

SECTION OF CHARTER OR ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

[IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK PAGE  
USING THE SAME FORMAT]

ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE  
AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

DATE: August 2, 2017

  
COMPLAINANT'S SIGNATURE

Abel Ochoa  
PRINT NAME

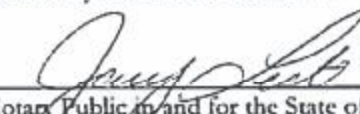
STATE OF TEXAS

COUNTY OF ~~FRANKS~~ Williamson

This instrument was acknowledged, sworn to and subscribed before me by

Abel Ochoa

On the 2<sup>nd</sup> day of August, 2017, to certify which  
witness my hand and official seal.

  
Notary Public in and for the State of Texas

Janet Lester  
Typed or Printed Name of Notary



THIS FORM MUST BE SUBMITTED TO THE OFFICE OF THE CITY CLERK.