



**Schedule A
Complaint Form**

Complainant Name: _____
(Print name)

Complainant Address: _____
(Mailing address)

Complainant Phone Number(s): _____

Complainant Email: _____

I have reasonable and probable grounds to believe that Council Member(s):

(List name(s) of council member(s) whom the complaint is against)

has (have) contravened the Code of Ethics Bylaw by reason(s) of the following:

1. Insert date(s), time and location of conduct

2. Include the sections of the Code of Ethics Bylaw that have been contravened

3. Provide the particulars and names of all persons involved and of all witnesses



4. Provide contact information for all people

5. Number of exhibits attached (if applicable): _____

6. If more space is required, please attach additional pages if needed.

I declare that the information given by me with respect to the above statements is true in all respects. I understand that signing a false affidavit may expose me to prosecution under the Criminal Code of Canada.

Dated this _____ day of _____, 20 _____.

(Signature of Complainant)

<u>For Office Use Only</u>	
_____ (Date received)	_____ (Reference number)
_____ (Signature of _____ (i.e. Designated Officer, Administrator, City Clerk, or other applicable position pursuant to subsection 4 of bylaw))	

