

**Schedule A**

**Ethics Complaint Form**

Complainant Name: \_\_\_\_\_

Complainant 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:

Insert date(s), time and location of conduct

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Provide contact information for all people

\_\_\_\_\_  
\_\_\_\_\_

Number of exhibits attached (if applicable): \_\_\_\_\_

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)

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