



## Code of Conduct Formal Complaint Form and Affidavit

<b>Complainant Information</b>		
Name:		
Mailing Address:		
City:	Province:	Postal Code:
Home Telephone:		Cell Number:
Email address:		

### Declaration

Please note that it is an offence under the Criminal Code of Canada to knowingly swear/affirm a false affidavit.

I, \_\_\_\_\_ (full name) of  
\_\_\_\_\_ (municipality of residence) in the  
Province of Ontario MAKE OATH AND SAY (OR AFFIRM):

1. I have personal knowledge of the facts as set out in this affidavit. (insert reasons e.g. I work for... I attended a meeting at which... etc.)

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

2. I have reasonable and probable grounds to believe that: (specify name of Member)

\_\_\_\_\_ has contravened section \_\_\_\_\_ (specify section(s)) of the Code of Conduct for Members of Council. The particulars are as follows: (Please provide information such as date, time and location of conduct, names of all persons involved, including witnesses, and information as to how they can be reached. Attach additional pages if necessary.):

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

3. This affidavit is made for the purpose of requesting that this matter be investigated and for no improper purpose.

SWORN (or AFFIRMED) before me at the Municipality of French River,  
in the Province of Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**A Commissioner, etc.**

\_\_\_\_\_  
**Signature** (to be witnessed by Commissioner)

<b>For Office Use Only</b>	
File No.:	Receipt No. for Fee: