

**Appendix “B” to the
Township of Scugog – Code of Conduct for Members of Council and Local
Boards**

Formal Complaint Form

Complainant Information

Full Name:	
Address:	
Phone:	
Email:	

I, _____(insert full name),
of _____(insert City, Town of residence etc.)
in the Province of Ontario,

MAKE OATH AND SAY (or AFFIRM):

1. I have personal knowledge of the facts as set out in this Complaint Form, because:
(insert reasons - e.g. I work for/I attended a meeting at which, etc.)

2. I have reasonable and probable grounds to believe that a Member of the Township of Scugog Council, namely: _____ (insert name of Member) has contravened section(s) _____ of the Council Code of Conduct of the Township of Scugog. The particulars of which are as follows:

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(If more room is required, please use pages below to set out the statement of facts in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact. If you wish to include exhibits to support this complaint, please refer to the exhibits as Exhibit A, B, C, etc. and attach them to this Complaint Form.)

Please Read before Signing: If the Integrity Commissioner launches an inquiry into a complaint then the content of this form, including the complainant's identity, will typically be shared with the member who is the subject of the complaint. Also, at the end of the inquiry the Integrity Commissioner may issue a public report that includes information about the complaint, including possibly the identities of the parties involved. Only sign this complaint form if you understand and accept the potential for disclosure of your identity and the information you provide.

I request that this matter be reviewed by the Township of Scugog's Integrity Commissioner.

Signature of Complainant:	
Date:	

Personal Information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and the Corporation of the Township of Scugog Code of Conduct By-law and will be used to conduct an investigation on the details of the complaint. Questions about the collection of this information should be directed to the Clerk, Township of Scugog, 181 Perry Street, Port Perry, ON L9L 1B7, 905.985.7346.

Appendix "B" (continued)

Additional Information (if needed)

Code of Conduct Complaint Form of _____(insert name)

Signature of Complainant:	
Date:	

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