



Township of Scugog
Advisory Committees and Boards
Code of Conduct Formal Complaint Form

Complainant's Name:
Mailing Address:
Town/City: Postal Code:
Email: Phone Number:
Preferred Method of Contact Mail [ ] Email [ ]

Nature of Complaint: (i.e. Discrimination, Harassment, Other)

Name of Person Against Whom Complaint Laid:

Complaint Summary: Please provide as much information as is required to explain the nature of the complaint including dates and times, the identity of any witnesses and a description of the steps, if any, already taken to attempt to resolve the matter. Attach additional pages, if necessary. Also attach any supporting documents or evidence that may be of assistance in the investigation.

I, \_\_\_\_\_, request that a formal investigation in respect of the foregoing complaint, be undertaken pursuant to the Township of Scugog Advisory Committees and Boards Code of Conduct Policy. I understand and acknowledge that this investigation will involve the collection of personal information about me, and I consent to the collection and use of this information.

Signature

Date

Please forward completed form to:
Municipal Clerk
Township of Scugog
181 Perry Street, PO Box 780
Port Perry, ON L9L 1A7

Date Received by Township of Scugog

NOTE: 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 Advisory Committees and Boards Code of Conduct Policy By-Law and will be used to follow up on complaints made under the Code of Conduct. 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.