Formal Complaint Form

Confidential Complainant Information:

Name: _____

Permanent Residence: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Note: The name of the Complainant will only be disclosed in circumstances where fairness requires disclosure or where required by law. The Complainant will be notified in advance if their identity is to be disclosed.

Member(s) of Council in Question: _____

Rule(s) of the Code of Conduct believed to be contravened: _____

Outline the details of your Complaint. Include names of any witnesses. Use additional pages as necessary. Provide clear and specific information. If you refer to any documents please attach copies of these documents to this Complaint Form:

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Complainant's signature **Date**