

## COMPLAINT FORM - COUNCIL CODE OF CONDUCT

Submit completed complaint in a sealed envelope to: Judy Smith, Municipal Clerk, 315 King Street West, P.O. Box 640, Chatham ON N7M 5K8. 519.360.1998 Ext # 3200. email: judys@chatham-kent.ca

## **REQUESTER'S INFORMATION:**

Last Name:	First Nam	ne:	
Street Address:	Municipa	lity / City:	
Postal Code:	Phone #:		
E-mail Address:			
PETAILS OF ALLEGED CONTRAVENTIC	ON OF COUNCIL CODE OF (	CONDUCT:	
*Facts constituting the alleged contr clearly indicate names, dates, time a			ole
,,	,		
*Nome(s) and contact information of	f any with access		
*Name(s) and contact information o	f any witnesses:		
*Name(s) and contact information o	f any witnesses:		
	,		
*Please use additional paper and at	,	nry.	
*Name(s) and contact information of the second seco	tach to this form if necessa Date:		
*Please use additional paper and att Signature:	tach to this form if necessa	nry. Month: Day:	
*Please use additional paper and att Signature: GOR OFFICE USE ONLY:	tach to this form if necessa Date: Year:	Month: Day:	
*Please use additional paper and at	tach to this form if necessa Date:		

Names and facts of this process will be made public through reports and decisions issued by the Integrity Commissioner. As per section 19 (c) (v) of the Code of Conduct for Members of Council, the Integrity Commissioner has the authority to keep confidential any names or facts that would identify witnesses where it is in the interest of a just and fair result to do so.