



## CODE OF CONDUCT COMPLAINT FORM

***Please Print or Type***

Person Submitting Complaint:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Council Member to Whom the Complaint Pertains:

Name of Council Member: \_\_\_\_\_

Complaint under the Code of Conduct:

I have reasonable and probable grounds to believe that the following section or sections of the Code of Conduct have been contravened by the above-noted Council Member:

Please review the Code of Conduct and check one or more of the following:

- |                                       |        |                          |        |                          |        |                          |        |                          |
|---------------------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|
| Use of Municipal Property:            | E.1.a. | <input type="checkbox"/> | E.1.b. | <input type="checkbox"/> |        |                          |        |                          |
| Use of Municipal Information:         | E.2.a. | <input type="checkbox"/> | E.2.b. | <input type="checkbox"/> | E.2.c. | <input type="checkbox"/> | E.2.d. | <input type="checkbox"/> |
| Improper Use of Influence:            | E.3.a. | <input type="checkbox"/> |        |                          |        |                          |        |                          |
| Conflict of Interest:                 | E.4.   | <input type="checkbox"/> |        |                          |        |                          |        |                          |
| Gifts and Benefits:                   | 5.a.   | <input type="checkbox"/> |        |                          |        |                          |        |                          |
| Conduct of Meetings:                  | 6.a.   | <input type="checkbox"/> | 6.b.   | <input type="checkbox"/> |        |                          |        |                          |
| Conduct towards the Public:           | 7.a.   | <input type="checkbox"/> | 7.b.   | <input type="checkbox"/> |        |                          |        |                          |
| Staff and Workplace Relations:        | 8.a.   | <input type="checkbox"/> | 8.b.   | <input type="checkbox"/> | 8.c.   | <input type="checkbox"/> | 8.d.   | <input type="checkbox"/> |
| Respect for Council and Municipality: | 9.     | <input type="checkbox"/> |        |                          |        |                          |        |                          |

Describe below what facts support your complaint and attach documents which support your complaint:

*If you need more space attach a separate statement. In the statement, number each assertion of fact – e.g.1. The council member did x on date y. List documents and supporting evidence and mark them as Exhibit A, Exhibit B and so on.*

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**Signed:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE:** Providing false information may result in prosecution under the Criminal Code.

Note: This form should be placed in a sealed envelope and sent to the Clerk of the Municipality of Lambton Shores for forwarding to the Integrity Commissioner.

Note: Personal information required on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 as amended and will be used for purposes of evaluating this complaint and pursuing an inquiry or investigation as appropriate under the Code of Conduct contained in By-law 95 of 2013.