

**CODE OF CONDUCT - CITY OF STRATFORD**



**Complaint Form and Affidavit  
Council Code of Conduct or Municipal Conflict of Interest Act**

I, \_\_\_\_\_  
[full name]

of the \_\_\_\_\_ of \_\_\_\_\_ in the Province of Ontario  
[City, town etc.] [municipality of residence]

MAKE OATH OR AFFIRM AND SAY as follows:

1. I have personal knowledge of the facts as set out in this Affidavit, because [insert reasons, such as I work for .... I attended the meeting at which .... etc.]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have reasonable and probable grounds to believe that a member of Stratford City Council or a member of a Committee or a Local Board has contravened section(s) of the Council Code of Conduct or the *Municipal Conflict of Interest Act*. The particulars of which are as follows:

Name of the Member alleged to have breached the Code of Conduct or the *Municipal Conflict of Interest Act*:  
\_\_\_\_\_

Section of the Code of Conduct or *Municipal Conflict of Interest Act* that was allegedly contravened:  
\_\_\_\_\_

Date, Time and Location of the alleged contravention:  
\_\_\_\_\_

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Witnesses in support of the allegation:

\_\_\_\_\_  
[Set out in the space provided below, the statements of fact in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact. If you require more space, please use the attached Schedule A form and check the appropriate box below. If you wish to include exhibits to support this complaint, refer to the exhibits as Exhibit "A", Exhibit "B" etc. and attach them to this Affidavit.]

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I acknowledge that at the time of the Integrity Commissioner's report to Council on this matter, and as between the Parties, the identity of a complainant and the identity of the person who is the subject of the complaint shall not be treated as confidential information.

**Please see the attached Schedule A.** Yes  No   
**Please see the attached Exhibit(s) \_\_\_\_\_** Yes  No

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4. This Affidavit is made for the purpose of requesting that this matter be reviewed and for no other purpose.

SWORN or AFFIRMED before me  
at the City of Stratford, in the  
Province of Ontario  
This        day of                    ,

\_\_\_\_\_

A Commissioner for taking Affidavits etc.

\_\_\_\_\_

Print Name –

Signing a false affidavit may expose you to prosecution under Sections 131 and 132 or 134 of the *Criminal Code R.S.C. 1985, c. C-46* and also to civil liability for defamation.

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**[Additional Information]**

To the Affidavit required under section 6.2 of By-law 133-2018.

If more than one (1) page is required, please photocopy this blank page and mark each additional page as 2 of 2, or 2 of 3 at the top right corner.

This is Schedule A referred to in the Affidavit of  
[full name]

Sworn or Affirmed before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_

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A Commissioner for taking Affidavits, etc.