

CODE OF CONDUCT - CITY OF STRATFORD

Complaint Form and Affidavit

Council Code of Conduct *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 [insert name of person] has contravened section(s) of the Council Code of Conduct or the *Municipal Conflict of Interest Act*. The particulars of which are as follows:
[Set out in the space provided below, the statements of fact in consecutively numbered paragraphs in the space below, 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.]

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[Additional Information]

To the Affidavit required under section 6.2 of By-law -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____

A Commissioner for taking Affidavits, etc.