

Applicant Information:

Full Name:

Address:

Phone:

Email:

I, _____ (insert full name), of the City of Pickering, in the Province of Ontario, have personal knowledge of the facts set out in this Complaint Form because:

I have reasonable and probable grounds to believe that a member of Pickering City Council namely:

_____ (insert name of Member), has contravened section(s) _____

of the Council Code of Conduct for the City of Pickering. The particulars of which are as follows:

[Set out the statements of facts in consecutively numbered paragraphs in the space provided below, with each paragraph being confined as far as possible to a particular statement of fact. If you require more space, use the attached Schedule A]

Names and Contact Information of any Witnesses:

1.

2.

3.

4.

5.

6.

Please read the following before signing:

If the Integrity Commissioner launches an inquiry into the complaint, the content of this form, including the Applicant's identity, may be shared with the Member who is the subject of the complaint. At the end of the inquiry the Integrity Commissioner may issue a public report that includes information about the complaint, including the identities of the parties involved. Only sign this complaint form if you understand and accept the potential for disclosure of your identity and the information provided.

I the undersigned, request that this matter be reviewed by the Integrity Commissioner for the City of Pickering:

Signature of Applicant

Date

Schedule A – Continued Information

Code of Conduct Complaint Form of _____ (insert name of Applicant)

Signature of Applicant

Date

Personal Information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to review, assess and potentially investigate the details of the complaint. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON, L1V 6K7, 905.420.4611.