

Municipal Conflict of Interest Act Complaint Form and Affidavit

Complainant Information		
Name:		
Mailing Address:		
City:	Province:	Postal Code:
Home Telephone:		Cell Number:
Email address:		

Please note that it is an offence under the Criminal Code of Canada to knowingly swear/affirm a false affidavit.

I, _____ (full name) of the
 _____ (municipality of residence) in the
 Province of Ontario make oath and say (or affirm):

1. I have personal knowledge of the facts as set out in this affidavit. *(insert reasons e.g. I work for... I attended a meeting at which... etc.)*

2. I have reasonable and probable grounds to believe that: (specify name of Member)

has contravened section(s) _____ (specify section(s)) of the
Municipal Conflict of Interest Act -i.e. section 5, 5.1 and/or 5.2). The particulars are as follows: (Please
 provide information such as date, time and location of conduct, names of all persons involved,
 including witnesses, and information as to how they can be reached. Attach additional pages if
 necessary.):

3. This affidavit is made for the purpose of requesting that this matter be investigated and for no improper purpose.

SWORN (or AFFIRMED) before me at the (Town, Municipality, etc)

_____ in the Province of Ontario on the _____ day
 of _____, 20_____.

Signature (to be witnessed by Commissioner)

A Commissioner, etc.