

Code of Conduct – City of Stratford

Request for Inquiry – Council Code of Conduct or Municipal Conflict of Interest Act

	•					
Applicant's Full Legal Name:						
Applicant's Address:						
Applicant's Phone Number:						
Applicant's Email Address:						
Make Oath or Affirm and say as follows:						
	I have personal knowledge of the facts sets out in this Affidavit, because: (Insert reasons, for example: I work for, or I attended the meeting at which etc.)					
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:						
i.	Name of the Member alleged to have breached the Code of Conduct or the Municipal Conflict of Interest Act:					
ii.	Section of the Code of Conduct or Municipal Conflict of Interest Act that was allegedly contravened:					
iii.	Date, time, and location of the alleged contravention:					
iv.	Witnesses in support of the allegations:					

Code of Conduct – City of Stratford

Set out in the space provided below, the statements of fact in consecutively numbered paragraphs, which each paragraph being confined as far as possible to a particular state 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.			

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

Code of Conduct – City of Stratford

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 Section 131 and 132 or 134 of the **Criminal Code R.S.C. 1985**, **c. C-46** and also civil liability for defamation.

Appendix A – Additional Information

To the Affidavit required under section 6.2 of By-Law 133-2018. Applicant's Full Legal Name: Page of Please outline the reasons for your belief. Use additional copies of this page as necessary, providing clear and specific information. Please number your additional pages accordingly. This is Schedule A referred to in the Affidavit of Sworn or Affirmed before me on this day of , 20

4 | Page

A Commissioner for taking Affidavits, etc.