



Form A – Complaint Form
For Complaints filed under the Code of Conduct

Complainant Information

Name:
Mailing Address:
Phone Number:
Email address:

Complaint Details

I, (insert full name) of (insert City/Town of residence) in the Province of Ontario have personal knowledge of the facts as set out in this complaint form because (insert reasons – e.g. I work for...; I attended a meeting at which..., etc.):

[Blank lines for complaint details]

and believe that (check one)

- [] a Member of the Council of the City of Oshawa
[] a Director of the Board of Management of the Central Oshawa Business District Improvement Area

namely: (insert Member/Director name) has contravened section(s) (insert section) of the Code of Conduct for Members of the Council of the City of Oshawa and the Board of Management of the Oshawa Central Business District Improvement Area as set out in By-law 51-2015, as amended. The particulars of which are as follows:

[Blank lines for particulars]

Please set out the statement of facts in consecutively numbered paragraphs. If more room is required, please attach additional pages, numbered accordingly. If you wish to include exhibits to support this complaint, please refer to the exhibits as Exhibit A, B, etc. and attach them to this form.

Please see reverse for additional information and signature section.

Questions about the collection of the personal information on this form should be submitted to the Integrity Commissioner directly by contacting Guy Giorno at IntegrityCommissioner@fasken.com

Please read before signing:

If the Integrity Commissioner launches an inquiry into a complaint, then the content of this form, including the complainant's identity, will typically be shared with the Member/Director who is the subject of the complaint. Also, at the end of the inquiry, the Integrity Commissioner may issue a public report that includes information about the complaint, including possibly the identities of the parties involved. Only sign this complaint form if you understand and accept the potential disclosure of your identity and the information you provide.

By signing below, I, *(insert name)* _____ understand the above and request that this matter be reviewed by the City of Oshawa's Integrity Commissioner.

Signature of Complainant

Date