

COMPLAINT FORM / AFFIDAVIT

Page _____ of _____

AFFIDAVIT OF:

..... (FULL NAME)

I, (FULL NAME) of the (CITY, TOWN, ETC.)

..... (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, because

.....
.....

..... (INSERT REASONS: e.g. I work for... I attended the meeting at which, etc.)

2. I have reasonable and probable grounds to believe that a Member of Vaughan City Council, or a Member of a Vaughan local board, as set out in the Code of Ethical Conduct for Members of Council (the "Code of Conduct")

..... (SPECIFY NAME OF MEMBER),

has contravened section(s) (SPECIFY SECTION(S))

of the Code of Conduct or sections 5, 5.1, or 5.2 of the Municipal Conflict of Interest Act in the case of Council Members. The particulars of which are as follows: [SET OUT 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, PLEASE REFER TO THE EXHIBITS AS EXHIBIT A, B, ETC. AND ATTACH THEM TO THIS AFFIDAVIT. IF YOU ARE SUBMITTING A COMPLAINT IN RESPECT OF SECTIONS 5, 5.1, OR 5.2 OF THE MUNICIPAL CONFLICT OF INTEREST ACT, PLEASE BE AWARE THAT YOUR AFFIDAVIT MUST INCLUDE A STATUTORY DECLARATION IN ACCORDANCE WITH SECTION 223.4.1(6) OF THE MUNICIPAL ACT]

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Please see attached schedule a _____ (check if applicable)

1. 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, TOWN, ETC. OF]

.....

IN THE PROVINCE OF ONTARIO ON

..... [DATE]

.....
[SIGNATURE OF COMMISSIONER]
A COMMISSIONER FOR TAKING AFFIDAVITS, ETC.



