



AFFIDAVIT

Code of Conduct Complaint Protocol - Formal Complaint Procedure

Please note that signing a false affidavit may expose you to prosecution under Sections 131 and 132 or 134 of the Criminal Code, R.S.C. 1985, c. C-46, and also to civil liability for defamation.

AFFIDAVIT OF _____ (full name)

I, _____ (full name), of the (City, Town, of) _____,
_____ (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 Port Hope Municipal Council, _____ (specify name of member), has contravened section(s) _____ [specify section(s)] of the Code of Ethics for Members of Council (the "Code of Conduct").

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.)

Please see the attached Schedule A



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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 Municipality of
Port Hope in the County of Northumberland on _____ (date).

_____ (A Commissioner for taking affidavits, etc. – Signature)
in the Province of Ontario on _____ (date)

(Complainant Affidavit – Signature)

(date)



SCHEDULE “A”

Code of Ethics Complaint Protocol - Formal Complaint Procedure

This is Schedule A referred to in the affidavit of _____ (full name)

Sworn [or affirmed] before me on this _____ day of _____, _____.

A Commissioner for taking affidavits, etc.

Complainant Affidavit - Signature

Complainant Affidavit -Date of Submission

Pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, the personal information contained in this form will be used solely for the purposes of determining eligibility for various licensing processes in the Municipality of Port Hope. The application forms part of the public record. Questions regarding this collection may be directed to the Municipal Clerk at 905.885.4544 or clerk@porthope.ca.