Schedule A Formal Complaint Form

Please note that knowingly signing a false affidavit may expose you to prosecution under the Criminal Code of Canada.

I		of	,
(First and	Last Name)	(Full mailing address)	
	ncil of the District of Ka	llowing contents of this statement are true and atepwa to follow-up on whether or not the foll I the Code of Ethics:	
	Member(s) c	of council name(s)	
I have reasonable and prob Code of Ethics by reason o		that the above member(s) has (have) contrave	ned the
 include the section provide the partice provide contact in any exhibits can b 	formation for all people e attached; and	ve been contravened; ersons involved, and of all witnesses;	
(Signature of Complainant			
(Date signed)		For Office Use Only	-
		(Date filed) (Signature of (i.e. Municipal administration pursuant to subsection)	