

CODE OF CONDUCT COMPLAINT FORM

Council members may use this form to report behaviour, by a council member, that violates the municipality’s code of conduct by-law.

This form can be filed after an attempt of informal resolution and within **30 days** of an alleged violation. In cases of sexual harassment, this form can be filed immediately (without an attempt of informal resolution) or within **90 days** of an alleged violation. Complainants are encouraged to report incidents as soon as possible after they occur as it promotes good governance, assists with the ability to mediate, investigate and/or address the issue and helps to ensure that conflicts are not repeated.

Where there is a health and safety risk to others, the council member or Chief Administrative Officer (CAO) should first immediately contact the appropriate authorities (i.e. local police).

Alleged violations should be reported in good faith, where the person making the complaint reasonably believes they have information that can show a violation has been committed.

Although the provision of detail through all of the sections of this document can assist in better understanding the complaint right from the initiating point, **at a minimum, the following sections must be completed in order to enable review:**

- **Complainant Information**
- **Incident Report**
- **Informal Resolution Report** (see exception in cases of sexual harassment)

Sexual Harassment Exceptions:

If you have experienced sexual harassment:

- You can file this form immediately, or within **90 days** of the alleged violation.
- You may choose to try an informal resolution, but you are not required to do so, or to complete the Informal Resolution Report section of this form.

If additional information needs to be included under any section of this form, this information can be completed on a separate document and attached to the form.

This document, once completed, must be filed with the CAO (or designate). The CAO (or designate) must then forward the completed form to the code of conduct intake reviewer within seven days of receiving it. The intake reviewer screens all code of conduct complaints, and may recommend the dismissal of complaints that are frivolous, vexatious or outside of the scope of the code of conduct legislation. The intake reviewer will provide a copy of their written decision to the CAO (or designate) and the parties to the complaint within 14 days of the filing of this form with the CAO (or designate).

This document, once completed, must be stored in such a manner to protect the confidential nature of the contents.

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COMPLAINANT INFORMATION (Required Section)	
Full Name:	<div>Last NameFirst Name</div>
Name of Office:	<div>(Mayor/Reeve/Head of Council OR Council Member)</div>
Name of Municipality:	
Phone Number:	
Address:	<div>Address</div> <div>MunicipalityPostal Code</div>
Email (Optional)	

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INCIDENT REPORT (Required Section)	
Who Committed the Alleged Violation?	
Full Name:	<div>Last NameFirst Name</div>
Name of Office:	<div>(Mayor/Reeve/Head of Council OR Council Member)</div>
Witness Information <i>Include the names, position titles, and contact information, if applicable/available, for anyone who may have observed or have information regarding the alleged violation.</i>	
Details of the Alleged Violation <i>Provide as much detail as possible regarding the facts of the situation.</i>	
Description of the violation (section of municipal by-law violated, what was observed, who was involved, what was said or happened), including any background/context:	
When and where did this situation happen (dates, times, and locations)?	
Date of Violation:	
Additional Details:	
Identify any evidence, if applicable, such as documentation, emails and photos (please attach copies of any evidence):	

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DISCLOSURE DETAILS (Optional Section)
What was happening before the situation occurred?
Did anyone respond or react to the situation (who responded, what did they say or do)?

INFORMAL RESOLUTION REPORT (Required Section)
<i>If you have experienced sexual harassment, you may choose to try an informal resolution, but you are not required to do so, or to complete this section of the form.</i>
Describe the steps taken to resolve the conflict:
How did the respondent react?
Identify any evidence, if applicable, such as documentation, emails and photos (please attach copies of any evidence):

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FOR COMPLETION BY THE CAO	
Respondent Information (for intake reviewer's reference only):	
Respondent's Name:	<div>Last NameFirst Name</div>
Address:	<div>Address</div> <div>MunicipalityPostal Code</div>
Email (Optional):	
Date Received:	
CAO Signature:	