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)
her	solemnly swear/declare that the following contents reby request the council of the Town of Craik to cont the following member(s) of the Town Council has	duct an investigation as to whether or
_	Member(s) of counci	l name(s)
	ave reasonable and probable grounds to believe that the ntravened the Code of Ethics by reason of the following	, , , , ,
1.	insert date(s), time and location of conduct;	
2.	2. include the sections of this bylaw that have been contravened;	
3.	3. provide the particulars and names of all persons involved, and of all witnesses;	
4.	1. provide contact information for all people listed;	
5.	any exhibits can be attached; and	
6.	if more space is required, please attach additional	pages as needed.
(Sig	gnature of Complainant)	
	ate signed)	