



**Formal Complaint Form / Affidavit**

**Council Code of Conduct**

**United Counties of Prescott and Russell**

AFFIDAVIT OF \_\_\_\_\_ (full name)

I, \_\_\_\_\_ (*full name*), of the \_\_\_\_\_ (*City, Town, etc.*),  
in the \_\_\_\_\_ (*Municipality*), 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 a meeting at which ... etc.)*

2. I have reasonable and probable grounds to believe that a Member of Council of the United Counties of Prescott and Russell \_\_\_\_\_ (*specify name of Member*) has contravened section(s) \_\_\_\_\_ (*specify section(s)*) of the Council Code of Conduct of the United Counties of Prescott and Russell. The particulars of which are as follows:

*(Set out statements of facts in consecutively numbered paragraphs in the space below, with each paragraph being confined as far as possible to a particular statement of facts. 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"

3. This Affidavit is made for the purpose of requesting that this matter be reviewed by the United Counties of Prescott and Russell appointed Integrity Commissioner and for no other purpose.

SWORN OR SOLEMNLY AFFIRMED before me

at

*(City, Town, etc.)*

in the Province of Ontario on

*(Signature)*

on

*(Date)*

*(Signature of Commissioner)*

A Commissioner for taking affidavits etc.

*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.*



**Additional Information Form**  
**Council Code of Conduct**  
**United Counties of Prescott and Russell**

Additional Information - Formal Complaint Form/Affidavit

(If more than one page is required, please copy this blank page and mark each additional page as 1 of 3, 2 of 3, etc. at the top right corner.)

SWORN OR SOLEMNLY AFFIRMED before

me at

*(City, Town, etc.)*

in the Province of Ontario on

*(Signature)*

on

*(Date)*

*(Signature of Commissioner)*

A Commissioner for taking affidavits etc.