

## Request for Investigation Form/Affidavit CONFIDENTIAL

<b>Complainant Information</b>	n		
Name:			
Address:			
City	Drovingo	Doctol Code	
City:	Province:	Postal Code:	
Email:			
Phone Number:			
Please note that it is an offer false affidavit. I,			swear/affirm a
1,		(1)	<u>uli Harrie</u> j
of		(municipality of re	esidence)
in the province of Ontario n	nake oath and say (or aff	irm)	
I have personal knowled the information of others, I have	<u> </u>	his affidavit. Where my knowle	•
member) has contravened the and Local Boards of the Munic	cipality, specifically, section	nbers for the Council of the To	(name of wn of Grimsby

- 3. Attached hereto is Exhibit "A" to this Affidavit. Exhibit "A" is a summary of the facts and relevant documentation (including information to support the claim made against the Member, including dates and locations and names and contact information for any witnesses of the event) which I believe constitutes a contravention of the Code of Conduct
- 4. This Affidavit is made for the purpose of requesting that this matter be investigated and for no other or improper purpose

Sworn / Affirmed before me at the:		
(city	v, town, or township)	Declarant's Name:
of:	(municipality)	Declarant's Signature:
in the Regional Municipalityday of	of Niagara this (month), 20	Commissioner's Name:
		Commissioner's Signature:

Please ensure copies of Exhibit "A" and all relevant documents are attached. Please deliver this Request for Investigation/Affidavit to:

## Clerk, Town of Grimsby 160 Livingston Avenue Grimsby, ON L3M 0J5

## Schedule A

to the Affidavit of

[Complainant's Full Legal Name]	
learly outline all the reasons why you believe the Member has contravened the sections of the Co- onduct identified on page 1 of the complaint form, and include applicable dates, times and location ny supporting documents or evidence that you wish to provide should be listed in Schedule A and tached to the affidavit. You may attach additional Schedule A Pages as required.	าร.
Schedule A	
Page of _	