



CITY OF NORTH BATTLEFORD
Schedule "A"
Code of Ethics for Members of Council & Council Committees
Formal Complaint Form

I _____ of _____,
(First and Last Name) *(Full mailing address)*

do solemnly swear, affirm, or declare that the following contents of this statement are true and correct, and hereby request that the appointed Integrity Commissioner for the City of North Battleford investigate this formal complaint and follow-up on whether or not the following member(s) of the City Council has (have) contravened the Code of Ethics:

Member(s) of council name(s)

I have reasonable and probable grounds to believe that the above member(s) has (have) contravened the Code of Ethics by reason of the following:

1. insert date(s), time and location of conduct;
2. include the sections of this bylaw that have been contravened;
3. provide the particulars and names of all persons involved, and of all witnesses;
4. 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.

I, _____ am a resident _____ non-resident _____ of North Battleford.

If a resident of North Battleford, when did you move here? _____

(Residential Address if different then above)

(Email Address)

(Phone Number)

A Schedule "A" Submission Fee for residents is \$25 and \$100 for non-residents. The Schedule "A" Submission Fee must be received by the City for an investigation to proceed.

All Schedule "A" Complaint forms and Fees must be submitted to the City Clerk for formal submission to the Integrity Commissioner.

I _____ understand that should my complaint be substantiated or deemed made in good faith by the Integrity Commissioner that the Schedule "A" Submission Fee will be returned to me following the conclusion of the investigation. I also understand that should the complaint be found by the Integrity Commissioner to be frivolous, vexatious, or not made in good faith that the Schedule "A" Submission Fee shall be retained by the City to help offset the costs associated with the investigation.

(Signature)

(Signature of Complainant)

(Date signed)

For Office Use Only

(Date filed)

(Signature of City Clerk pursuant to Council & Committee Code of Ethics Bylaw)

For any questions regarding the Council & Committee Code of Ethics Bylaw or how to submit a Schedule "A" Formal Complaint form, please contact the City Clerk at cityclerk@cityofnb.ca or at 306-445-1719.