



**Municipal Conflict of Interest Act Complaint Form and Affidavit
Municipality of Dysart et al**

Complainant Information		
Name:		
Mailing Address:		
Town/City:	Province:	Postal Code:
Home Telephone:		Cell Number:
Email Address:		

Affidavit of _____ (full name)

I, _____ (full name), of _____ (City, Town, etc.)

in the County/District/Region of _____ 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 attend a meeting at which.....etc.)

2. I have reasonable and probable grounds to believe that a member of the Municipality of Dysart et al Council/Committee Member name _____ (specify of member)

has contravened section(s) _____ (specify section(s)) of the *Municipal Conflict of Interest Act* (i.e. Section 5, 5.1, and/or 5.2)

The particulars of which are as follows: (set out the statements of fact in consecutively numbered paragraphs in the space below, with each paragraph being confined as far as possible to a particular statement of fact. 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 include the date, time and location of the alleged contravention and any other relevant information.

3. I became aware of the alleged contravention not more than **six weeks** before the date of application in accordance with Section 223.4.1(5) & (6) of the *Municipal Act*, as amended.

4. This Affidavit is made for the purpose of requesting that this matter be reviewed by the Municipality of Dysart et al appointed Integrity Commissioner and for no other purpose.

Sworn before me at the _____ Commissioner of Oaths/Affidavits, etc.

this _____ day of _____ 20 . _____

Please note that signing a false affidavit may expose you to prosecution under Sections 131, 132 or 134 of the Criminal Code, R.S.C. 1985 c. C-46 and also to civil liability for defamation.