

Request for Investigation Code of Conduct for Members of Council

Please ensure all relevant information is attached. Return to: The Office of the City Clerk, 66 Charlotte Street Port Colborne, cityclerk@portcolborne.ca

Requester Information		
Name:	Signature:	
Address:		
City:	Province:	Postal code:
Home phone:	Cell phone:	Work phone:
Email:		
1. I have reason to believe that	at	(name of Councillor/member) has
contravened the City of Po	rt Colborne's Code of Conduct f	or members of Council and local boards
and/or the Municipal Confli	ct of Interest Act, specifically se	ction(s)
2. Below or attached hereto is	a summary of the facts and rel	evant documentation that I believe
constitutes a contravention	of the Code of Conduct. Include	e the following information:
a concise explanation	on as to why the issue raised ma	ay be a contravention of the Code of

- Conduct or the *Municipal Conflict of Interest Act*,
- nature and background of the occurrence including dates, locations, names, and contact information for any witnesses of the event;
- any and all evidence in support of the allegation;
- any activities taken (if any) to resolve the concern;
- any other relevant information.