



BREACH OF COUNCIL CODE CONDUCT FORM

INDIVIDUAL REPORTING DETAILS	
Name of person reporting:	
Department (if applicable):	
Title (if applicable) :	
Mailing address:	
Telephone number(s):	
Email address:	
Preferred language of communication:	<input type="checkbox"/> English <input type="checkbox"/> French
The incident was reported to:	
Cheque payable to the Township of Russell attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you witness the incident?	<input type="checkbox"/> YES <input type="checkbox"/> NO If you did not witness the incident, please complete this section. Name of the person who reported the incident to you: _____ Contact information: _____

INCIDENT DETAILS	
Date and time of incident (dd/mm/yyyy):	
Category of incident:	<input type="checkbox"/> Improper Use of Influence <input type="checkbox"/> Meetings, Conferences, Seminars and Delegations <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Alcohol and Drug Use <input type="checkbox"/> Conflict of interest <input type="checkbox"/> Fraud/Theft <input type="checkbox"/> Gifts and Entertainment <input type="checkbox"/> Communications <input type="checkbox"/> Media and Public Relations <input type="checkbox"/> Political and Community Activity <input type="checkbox"/> Election Related Activities <input type="checkbox"/> Protection of Information <input type="checkbox"/> Security of Township Information <input type="checkbox"/> Use of Township Property, Assets and Services <input type="checkbox"/> Expenses <input type="checkbox"/> Harassment <input type="checkbox"/> Improper Behaviour or Language <input type="checkbox"/> Other _____



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Describe in detail what happened (nature and background of the complaint):	<hr/> <hr/> <hr/> <hr/> <hr/>
Activities undertaken (if any) to resolve the concern:	<hr/> <hr/> <hr/>
Council or local member(s) involved:	<hr/> <hr/> <hr/>
Other relevant information:	<hr/> <hr/> <hr/>
FOLLOW UP / COMMENTS	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

SIGNATURES

Signature of Individual Reporting	Date
Supervisor's Signature (if applicable)	Date