

Attachment – 1 Code of Conduct Complaint Form

Please note that ALL fields must be filled in.

COMPLAINANT DETAILS	
Title:	
Given Name:	
Family name:	
Street Address:	
Postal Address: (if different to street address)	
Contact Number:	
Mobile Number:	
Email Address:	

COMPLAINT DETAILS	
*Please note that the complaint must be made in relation to the Conduct of a Council Member.	
Council Members name:	
Please provide the section(s) of the Code of Conduct for Council Members which the complaint relates:	
Details of the Complaint: (attach additional pages if required)	Date of the alleged incident:
	Location of the alleged incident:
	Other parties involved:

	Potential witnesses who may be contacted to corroborate the Complaint:
	Details of the incident:

<p>List and provide a brief description of the supporting documentation attached to this Complaint:</p> <p>(Please attach any relevant supporting documentation to this application. Adequate material to support the allegation and investigate the Complaint is required.)</p>	
<p>Acknowledgement</p> <p>I _____ acknowledge that the information contained herein is true and correct.</p> <p>.....</p> <p>Signature</p> <p>.....</p> <p>Date</p> <p><i>Privacy Statement: Please note that the Corporation of the City of Onkaparinga is committed to protecting your privacy and takes reasonable steps to comply with all relevant legislation. The information is collected by the Council for the purpose of processing your application. Your personal information will be stored in accordance with relevant legislation and will only be accessed by authorised Council Staff. If you do not provide information, Council may not be able to process your application.</i></p>	