

Model Code of Conduct Complaint Form

Wingecarribee Shire Council

(Please complete ALL fields)

Your details:

Your name:	
Your address:	
Your phone number:	
Your email address:	
Consent to disclose your identity: <i>(Note: Under cl.5.29 - 5.31 of the MCoC Procedures, it may be necessary to disclose your identity even if you do not consent. In this case, you will be notified before proceeding)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

WHO are you complaining about?

Name:	
Role:	Councillor <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____ Committee member <input type="checkbox"/> Staff member <input type="checkbox"/>

WHAT are you complaining about?

Date(s) of conduct: <i>(Note: If more than three months ago, please explain delay in making complaint)</i>	
Nature of conduct: <i>(Note: Please include as much detail as possible to enable assessment of your complaint. If you require additional space, please attach additional pages and submit with this form)</i>	
Evidence supporting complaint: <i>(Note: Please provide all available evidence, including media recordings, statements, documents, etc. Unless you can provide evidence to make a "prima facie" case, the complaint will be dismissed)</i>	
Section(s) of the Code breached:	
Witness details: <i>(Note: Please include name(s) and contact details)</i>	
Does the conduct relate to the carrying out of a function as a Council Official? <i>(Note: Complaints can only be accepted if the conduct relates to the carrying out of a function as a Council Official – see Part 1, MCoC).</i>	YES (specify how) <input type="checkbox"/> _____ _____ NO <input type="checkbox"/>