## **SCHEDULE "A"**

## INTEGRITY COMMISSIONER REQUEST FOR INQUIRY CODE OF CONDUCT

EQUESTOR'S INFORMATION  Last Name:  Street Address:  Postal Code:  E-mail Address:  ETAILS OF ALLEGED CODE OF CONDUCT  Date(s) of alleged Code of Conduct contravention  Provision(s) of Code of Conduct allegedly contravention	
Street Address:  Postal Code:  E-mail Address:  ETAILS OF ALLEGED CODE OF CONDUC  Date(s) of alleged Code of Conduct contravention	Municipality:  Phone #:  Name of Member:  CT CONTRAVENTION
Postal Code: E-mail Address: ETAILS OF ALLEGED CODE OF CONDUC Date(s) of alleged Code of Conduct contravention	Phone #:  Name of Member:  CT CONTRAVENTION
E-mail Address:  ETAILS OF ALLEGED CODE OF CONDUC  Date(s) of alleged Code of Conduct contravention	Name of Member:  CT CONTRAVENTION
ETAILS OF ALLEGED CODE OF CONDUC	CT CONTRAVENTION
Date(s) of alleged Code of Conduct contravention	
Name(s) and contact information of any witnesses	5:
☐ I agree to release my identity with regard to ☐ I do NOT agree to release my identity with	•
	Date:
	Year: Month: Day:
DR OFFICE USE ONLY	
Pate Received Request #:  Year: Month: Day:	Comments: