



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:	English French
The incident was reported to:	
Cheque payable to the Township of Russell attached:	YES NO
Did you witness the incident?	YES 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:	Improper Use of Influence Meetings, Conferences, Seminars and Delegations Conflict of Interest Alcohol and Drug Use Fraud/Theft Gifts and Entertainment Communications Media and Public Relations Political and Community Activity Election Related Activities Protection of Information Security of Township Information Use of Township Property, Assets and Services Expenses Harassment Improper Behaviour or Language Other _____



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

SIGNATURES	
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Signature of Individual Reporting

Date

Supervisor's Signature (if applicable)

Date