

## Elected Members, Committee Members and Candidates – Code of Conduct Complaint Form

Schedule 1, Division 3 of the *Local Government (Model Code of Conduct) Regulations 2021*

- NOTE:** A complaint about an alleged breach must be made —
- (a) in writing in the form approved by the local government
  - (b) to an authorised person
  - (c) within one month after the occurrence of the alleged breach.

Name of Person Making the Complaint				
<b>Complainant Name:</b> <i>Given Name/s and Family Name</i>				
Contact Details				
<b>Residential Address:</b>				
<b>Postal Address:</b>				
<b>Phone:</b>	Day-time:		Mobile:	
<b>Email:</b>				

Complaint Details:			
<b>1.</b>	<b>Insert Name of Person alleged to have committed a behavior breach:</b>		
<b>2.</b>	<b>If known, select the position that the person was fulfilling at the time the person committed the alleged behaviour breach:</b>	Elected Member of the City of Kwinana	<input type="checkbox"/>
		Member of a Committee of the City of Kwinana	<input type="checkbox"/>
		Candidate for election at the City of Kwinana	<input type="checkbox"/>
<b>3.</b>	<b>Date that the alleged behaviour breach occurred:</b>		

<b>4.</b>	<b>Location where the alleged behaviour breach occurred:</b>	
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<b>5.</b>	<b>State the full details of the alleged breach. (Attach additional pages, where required)</b>

<b>6.</b>	<b>List any additional information you have provided as part of this complaint:</b> <i>Please ensure all information relevant to the alleged breach has been attached. This information will be the basis on which the complaint is considered.</i>

<b>COMPLAINANT</b> <i>please sign and date</i>	
<i>NOTE - This form should be completed, dated and signed by the person making a complaint of an alleged breach of the Code of Conduct. The complaint is to be specific about the alleged breach and include the relevant section/subsection of the alleged breach.</i>	
<i>The complaint must be made to the authorised officer within one month after the occurrence of the alleged breach.</i>	
<b>Signature:</b>	
<b>Date:</b>	

**Please submit completed Behaviour Complaint to:**

The City of Kwinana's Behaviour Complaints Officer:

Mailing Address: PO Box 21, Kwinana, WA, 6966

In person: Corner Gilmore Ave and Sulphur Rd, Kwinana 6167

Email: [customer@kwinana.wa.gov.au](mailto:customer@kwinana.wa.gov.au)

<b>OFFICE USE ONLY:</b> <i>Received by the Council appointed Behaviour Complaints Officer</i>	
Authorised Officer's Name:	
Authorised Officer's Signature:	
Date received:	