

NAME OF THE COMPLAINANT:

I, _____, OF _____
(full name of individual signing and filing this Complaint) (full address)

HEREBY APPEAL THE DECISION NOT TO PROCEED OF:

(name of Member of Council who Provided Decision and Date Received)

MY PERSONAL CONTACT INFORMATION:

Full name: _____

Email address: _____ Phone number: _____

Mailing Address: _____

City: _____ Province: _____ Postal code: _____

Signature of Complainant

Date

Please submit completed appeal in a sealed envelope to:

The City Clerk of the City of Fredericton

Re: Code of Conduct Complaint

397 Queen Street, Fredericton, New Brunswick E3B 1B5

Personal information on this form is collected pursuant to the Government of New Brunswick *Right to Information and Protection of Privacy Act*, as amended, and will be used to review, assess and potentially investigate the details of the complaint. Any questions related to the collection and use of this information should be directed to the City Clerk, 397 Queen Street, Fredericton, NB E3B 1B5, [506-460-2020](tel:506-460-2020).