

Code of Conduct Complaint Form



Note to person making a complaint:

This form may be completed if you wish to complain about an Employee who you allege has breached the Town of Cambridge Code of Conduct for Local Government Employees.

All complaints are to be sent to the Town's Independent Complaints Officer via complaints.officer@cambridge.wa.gov.au

All information requested in this form must be provided before the complaint can be processed. After all information has been provided, sign and date the form, and submit to the Independent Complaints Officer.

A determination will then be made in relation to the complaint.

Any information provided in this form **MUST NOT** be sent or divulged in any way to the person who is the subject of the complaint.

All information requested below must be provided by the person making the complaint.

What is the name of the local government employee who you allege has breached the Code?	
What date do you allege the breach occurred?	
What clauses of the Code do you allege has been breached?	
How do you allege the breach occurred?	
<i>Attach additional sheets to this complaint form if required.</i>	
Were there any witnesses to the alleged breach?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the witnesses willing to provide information to assist in resolving the complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what are the name(s) and contact details of the witness(es)?	
<i>Witness Name:</i>	
<i>Contact Details:</i>	
Have you attached all relevant and additional information which may assist in resolving the complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Complainant's Signature: _____ Date: _____

Full Name: _____

Telephone Contact _____ Mobile: _____

Email: _____