

Schedule "E"

Election Disclosure Complaint Form

Making a Complaint

Fully completed Election Disclosure Complaint Forms, with all supporting documentation, must be provided to the City Clerk's Office. The City Clerk will forward this Form and the details of the complaint to the Election Disclosure Complaints Officer in accordance with Part III of Bylaw No. 8491, *The Campaign Disclosure and Spending Limits Bylaw, 2006*. Anonymous complaints will not be accepted or forwarded by the City Clerk's Office to the Election Disclosure Complaints Officer.

Where to Send Your Complaint

Send your complaint by mail: City Clerk's Office 222 – 3 rd Avenue North Saskatoon SK S7K 0J5	Send your complaint by email: City Clerk's Office general email address: city.clerks@saskatoon.ca Subject heading must say: Election Campaign Disclosure Complaint
Send your complaint by fax: City Clerk's Office general fax: 306-975-2784 Subject heading must say: Election Campaign Disclosure Complaint	If you have any questions on submission of your complaint, please contact the City Clerk's Office at 306-975-3240

Contact Information of Complainant

Anonymous complaints will not be considered or investigated.

First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	
Home Phone:	Business Phone:	Cell Phone:	
Email Address:			

Name of the Candidate Who is the Subject of the Complaint

Please enter the first and last name of the candidate who is the subject of the complaint below. One complaint is allowed per Complaint Form.

First Name:	Last Name:
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Details of the Complaint

Nature of complaint (Please include as much detail as possible including the nature of the complaint and the material facts on which the complaint is made. Please make reference to the section of Bylaw No. 8491, <i>The Campaign Disclosure and Spending Limits Bylaw, 2006</i> under which the complaint is being brought).
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Witnesses or Individuals to Assist in Investigation of Complaint

Please insert the name(s) and contact information of any person that may have information to assist in the investigation of the complaint.

First Name:	Last Name:	
Address:		
City:	Province:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:
Email Address:		

First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	
Home Phone:	Business Phone:	Cell Phone:	
Email Address:			
First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	
Home Phone:	Business Phone:	Cell Phone:	
Email Address:			

List of Enclosed Supporting Documents

Please include copies, not originals, of any documents in support of your complaint. Please list the documents enclosed below:

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 Complainant's Signature

 Date