



## Instructions

It is important that you know the answer to this question before continuing:

**Has the public authority (local government, rural district, or regional service commission) where the alleged violation occurred addressed your complaint?**

If the answer is **NO**, the Local Governance Commission cannot accept your complaint, at this time.

Before the Local Governance Commission can accept a complaint, you must first go through the process set out in the applicable conflict of interest policies and procedures with the public authority in question. **The public authority** should have a formal way of resolving conflict of interest complaints.

If your complaint **has not been resolved** through the public authority's formal process, the Local Governance Commission may accept your complaint and decide if an investigation is warranted.

### If you need help completing a form, please contact our office at:

- (506) 453-2355
- 1-833-582-0084 (toll-free)

### Once your complaint form has been completed, please forward to our office:

- E-mail: [LGC-CGL@gnb.ca](mailto:LGC-CGL@gnb.ca)
- Regular mail: Local Governance Commission,  
P.O. Box 786, Fredericton, N.B. E3B 4Y2

## Contact Information

All complaints to the Local Governance Commission are confidential. However, we may share this information with other government entities, as required, in during an investigation.

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Alternate Number:</b>
<b>E-mail:</b>	

**Language Preference:**      English      Français      Other—please specify: \_\_\_\_\_



## Tell us more about yourself?

Are you a Councillor of a Local Government, a Member of a Regional Service Commission, or a Committee Member of a Rural District? Yes No

Are you an officer, a designated employee, or employee of a Local Government, a Regional Service Commission, or a Rural District? Yes No

Are you a resident of a Local Government, a Regional Service Commission, or a Rural District? Yes No

## How best to reach you:

Our office hours are Monday to Friday from 8:15 a.m. to 4:30 p.m. Please select the best method and time to contact you.

### Time:

Morning

Afternoon

### Method:

Phone

Alternate Phone

E-mail

Type of complaint you want to file: Conflict of interest

If you are making this complaint on behalf of another individual, please complete the

**REPRESENTATIVE AUTHORIZATION FORM.**

## Information for the person(s) and public authority involved in your complaint.

*(Add additional pages as needed)*

**Name and title of the person(s) you are alleging a conflict of interest violation against:**

**Name of the public authority (Local Government, Regional Service Commission, or Rural District) involved in your complaint:**



**When did the alleged conflict of interest begin? Date of the event(s) leading to your complaint:**

**Briefly explain what happened and why you believe it is a conflict of interest violation:**

**Briefly explain any steps the public authority has taken to resolve your complaint.**

**Have you received a final decision on your complaint from the public authority? What was it?**



**Have you submitted an appeal, requested a review, or reconsideration of the complaint with the public authority?**

**Why do you think the public authority's final decision in this matter is wrong? Why?**

**Do you have anything else to add?**

**I certify that the information given on this form, to the best of my knowledge, is true and complete.**

<b>Name</b>	<b>Date</b>

