

Breach Complaint

Code of conduct for council members,
committee members and candidates



i Complete this form to notify the Shire of Capel of an alleged breach. The complaint must be submitted within one month of the breach. The complaint must be specific about the alleged breach and include the relevant section/subsection of the alleged breach.

Email the completed form to info@capel.wa.gov.au or send to PO Box 369 Capel 6271.

Section 1 - your details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
<input type="text"/>		
Phone number	Email address	
<input type="text"/>	<input type="text"/>	

Section 2 - complaint details

Local government	Council member, committee member or candidate
<input type="text"/>	<input type="text"/>
Breach date (DD/MM/YYYY)	i Please include as much detail as possible. Attach supporting documents to submission.
<input type="text"/>	
Breach information	
<input type="text"/>	

Section 3 - declaration

Your signature
<input type="text"/>
Date (DD/MM/YYYY)
<input type="text"/>

Section 4 - authorising officer

Given name	Surname
<input type="text"/>	<input type="text"/>
Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>