

**SCHEDULE C
COMPLAINT FORM**

I, the undersigned, _____ (name) consider that the following senior administrator(s), senior officer(s), intermediate officer(s) and/or officer(s) _____ is(are) in a perceived, actual or potential conflict of interest situation as regards the following facts:

I hereby refer the matter to the director of corporate services.

I understand that certain information provided in this form constitutes personal information protected by the applicable privacy legislation.

I consent to its use only for the purposes of investigating whether there exists or not a perceived, actual or potential conflict of interest situation.

Full name (in block letters)

Signature

Date: _____