

Member Standards Witness Attestation Form

Witness Information

Name:

Mailing Address:

Community:

Postal Code:

Email Address:

Please describe your relationship with the Complainant (if any).

Please describe your relationship with the Defendant (if any).

Are you a member of the MMA?

- Yes
- No

You are submitting this statement in support of a:

- Complaint
- Response to a Complaint

Witness Statement

Please detail your experience(s) here. Please use specific dates and times as best you when you describe events or situations. Please include all relevant details and be as accurate as possible. (1000 words or less)

Witness Attestation

Please review each statement below before signing. By signing this document, you demonstrate your agreement with all of these statements.

- To the best of my knowledge, all information submitted as a part of this statement is accurate, truthful, and submitted without malicious intent.
- I acknowledge that submitting false or misleading information as part of this statement would be a violation of the MMA Code of Conduct and subject to Member discipline.
- I acknowledge that this document is not confidential once submitted to the MMA and: will be seen by both the Complainant and the Defendant; may be used in a public panel hearing; and will be retained by the MMA as a corporate record according to the association's policies.

Witness Name: (please print)

Witness Signature:

Date:

Once complete, this form can be submitted as part of a Complaint or a Complaint Response package to info@municipaladministrators.ca. Any questions about this form or the Member Standards Enforcement process can be directed to the same email address.