



**THE TOWN OF SWAN RIVER**

PHONE (204) 734-4586 FAX (204) 734-5166  
BOX 879 SWAN RIVER, MANITOBA ROL 1Z0

**COMPLAINT/REQUEST FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name in full)

Address: \_\_\_\_\_

Complaint/Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Location Involved: \_\_\_\_\_

Map attached: Yes  No

**OFFICE USE ONLY**

Location visited: Yes  No  By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Direction Taken: \_\_\_\_\_ By: \_\_\_\_\_

Completed Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Signature: \_\_\_\_\_