



Box 40
172 Riverside Drive
St. Louis, Sask.
S0J 2C0 (306) 422 - 8471

VILLAGE OF ST. LOUIS – RESIDENT COMPLAINT FORM

Name of Person filing complaint: _____

Complainant Address: _____

Phone Number: _____

E-mail Address: _____

Nature of Complaint: _____

Complaint
Details: _____

Date Complaint Made: _____ Signed: _____

Any personal information collected on this form is intended to be used for investigation and related activities and in contacting you regarding your complaint, if necessary.