



Village of Muenster
Box 98
Muenster, Sask
S0K 2Y0

COMPLAINT FORM

Date Complaint is Filed: _____
Name of Person Issuing Complaint: _____
Complainant's Address: _____
phone number: _____
e-mail address: _____

Details of Complaint

Where event/issue has occurred: _____
Date event/issue occurred: _____
Time event/issue occurred: _____
Attach photos/videos as evidence if applicable: _____
Has the RCMP been contacted: _____
Nature of Complaint: _____

Forms submitted anonymously or without being signed will not be reviewed and no response will be provided.

Signature (required)

Action Taken by Bylaw Enforcement Officer:

By-law Enforcement Officer or Administrator Signature

Date: _____