

SUMMER VILLAGE OF ISLAND LAKE

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GENERAL COMPLAINT

COMPLAINANT		
Date		
Address:	Work:	
E-Mail Address:		
COMPLAINT AGAINST		
Full Name:	Phone(If available):	
Address:	Email(If available):	
DETAILS		
Indicate your complaint i	n the space provided below	
Signature:	Date:	
INVESTIGATION AND A	CTION TAKEN (INTERNAL USE ONLY)	
Comments		
Signature:	Date:	
File No:		