Swan Lake First Nation
Housing Department

Disturbance Complaint Form

Address of Disturbance: _____

Date(s): _____ Time(s): _____

Type of Disturbance (check all that apply):

- ☐ Excessive noise
- ☐ Fighting / threats
- ☐ Drug-related activity
- ☐ Harassment
- ☐ Children affected
- ☐ Elders affected
- ☐ Suspicious activity
- ☐ Property damage
- ☐ Other: _____

Brief Description (attach additional page if needed):

_____

_____

_____

Is this ongoing? ☐ Yes ☐ No

Police File No. (if applicable): _____

☐ I confirm this information is accurate to the best of my knowledge

Optional Contact Info:

Name: _____ Date: _____

- All complaints are confidential and reviewed by Housing Department and/or Committee.
- You may email files (photos/videos/audio) to slfnhousing@slfn293.ca.

********For Office Use Only********

Date Received: _____ **Received By**: _____

File / Case Number: _____

Action Taken:

☐ Warning issued ☐ Referred to Police ☐ Follow-up scheduled ☐ No action required

Notes:_____

_____

P.O. Box 368, Swan Lake, MB, R0G 2S0, Ph: (204) 836-2101, ext. 222, Fax: (204) 835-2255, Email: slfnhousing@slfn293.ca