

# Request for Assistance in Resolving a Complaint



**Complaints to be sent to:**  
Water Stewardship and Biodiversity Division  
Drainage and Water Rights Licensing  
200 Saulteaux Crescent  
Winnipeg MB R3J 3W3

**Or E-mailed to:**  
drainage@gov.mb.ca

Complainant Name(s) \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Location of Residence \_\_\_\_\_ Email \_\_\_\_\_

## LOCATION OF IMPACTED

Location of impacted lands \_\_\_\_\_  
(SECTION/TOWNSHIP/RANGE)  
Municipality affected lands are located in \_\_\_\_\_

## DESCRIPTION OF IMPACTS

Date of initial finding of the impact? \_\_\_\_\_  
Nature of the impact:  Flooding  Unauthorized project  Other; please specify: \_\_\_\_\_  
What is the size/acreage of land parcel affected? \_\_\_\_\_  
How long have you owned/resided/operated the piece of affected land? \_\_\_\_\_  
How long have the impacts been occurring? \_\_\_\_\_  
When were the works constructed / installed? \_\_\_\_\_  
Additional description of impacted works:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSON OR AUTHORITY RESPONSIBLE FOR IMPACT

Indicate owner or authority responsible for the works:  
Name(s) \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Location of Residence \_\_\_\_\_ Email \_\_\_\_\_

## IMPACT RESOLUTION

The complainant should contact the person or authority considered responsible for the cause of the complaint and make a reasonable effort to resolve the complaint prior to filing of this form. Please describe attempts made below:

Have you contacted the person or authority responsible? \_\_\_\_\_  
When, Where and How was the contact made? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of results of contact \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see is the best solution to your issue? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION / ATTACHMENTS**

Please provide any information, photos, evidence or comments that you feel would assist in investigating this complaint.

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The space below is provided for a sketch plan of your impacted lands. Also indicate the location of works that are causing the impacts to your lands. Please show as much detail as possible, including any possible landmarks, flow direction, drains, culverts, roads, and a directional north arrow.



Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
CITY/TOWN MONTH

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Received by \_\_\_\_\_  
Office location \_\_\_\_\_ Watershed/aquifer/basin \_\_\_\_\_  
Date investigated \_\_\_\_\_ Date concluded \_\_\_\_\_ File No. \_\_\_\_\_