

HIGHWAY TRAFFIC BOARD COMPLAINT FORM  
(Form must be filled in completely or it will be returned)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBERS:

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

1. Give an explanation of your complaint (**give as many details as possible**):

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2. Give a description of the solution(s) you are seeking:

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3. Include any other information/documents that will be useful in explaining your complaint:

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MAILING ADDRESS:**

1621A McDonald Street  
REGINA SK S4N 5R2

**EMAIL/FAX:**

contactus.htb@gov.sk.ca  
Fax: 306-775-6618

**PHONE:**

1-855-775-8336