

RL6 REPORT REQUEST

Who is the report for?				Date (mm-dd-yyyy):		
What is their position			Do they have an RL Account?	Yes	No	
Requestor:				Phone:		
Is this for internal/external use?		□ Internal □ External				
Is this for □ CI (critical incident) □ Occurrence □ Feedback (complaint/compliment)		☐ Calendar Year ☐ Fiscal Year	Date (mm-dd-	Range: I-yyyy)		
Report Type? (choose one)		☐ Pie Chart ☐ Bar Chart ☐ Stacked Bar Chart ☐ Line Chart		☐ Simple List Report(list all fields required in report)☐ Crosstab Report(list two fields required)		
What field(s) do you want in your report?						
Key words to search (optional)						
Report ID Number (optional, if known)						
Would this be a recurring report? ☐ Yes ☐ No		If "YES" ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Quarterly ☐ Annual ☐ Other:				
Name you would like fo report?	r your					
Comments/Special Instru	ıctions					
Report required by (mm-dd-yyyy)?		ASAP will not be considered as a valid date				

If you have any questions please contact RL Support at 204-926-1070 or RL_Support@wrha.mb.ca

Please send completed form to RL Support at RL_Support@wrha.mb.ca