



For Staff Only
Date:
Time:
Initials:

Emergency Treasury Coronavirus Relief Fund
306 Main Street | Ketchikan, AK | 99901
covidrelief@kictribe.org | 907.228.9314

Complaint Form

Tribal Member Name: _____

Maiden Name or Other Names used: _____ Enrollment #: _____

Street Address: _____ Ketchikan, Alaska 99901

Mailing Address: _____ Ketchikan, Alaska 99901

Email: _____ Home Phone: _____

Cell Phone: _____ Funding/assistance did applied for: _____

Statement of facts (include specific dates, such as date of original application, calls made, emails sent, etc.):

Requested Outcome:

Do not sign until in the presence of a Notary Public

Member Signature

Date

State of Alaska,
County of Ketchikan Gateway

Seal

I hereby certify that _____ (name) appeared before me on this _____ day of _____, 2020, and signed this form in my presence.

Notary Signature

My Commission expires: _____

Level 1: Deputy Tribal Administrator

Have you discussed this matter with your immediate supervisor?

Date of discussion:

With what result:

Supervisor decision: Accept original decision Resolved issue at this level

Members decision: Accept Level 1 decision Disagree move to Level 2

TA's approval to move to Level 2: _____ Date approval: _____

Level 2: Tribal Council Executive Committee

Filed with Executive Committee on what date?

Executive Committee decision: Accept Level 1 decision Disagree with Level 1 decision

Members decision: Accept Level 1 decision Disagree move to Level 3

Date member requested Level 3: _____

Level 3: Tribal Council

Filed with Tribal Council on what date?

Tribal Council decision: Accept Level 2 decision

Disagree with Level 2 and recommend the following:

Tribal Council President Signature

Date

Member Signature

Date