

Hualapai Tribe Complaint Form

(The Hualapai Community at Large)

PURPOSE: The purpose of submitting a complaint to council is to resolve issues that affect the community at large i.e. policy, laws, etc.

Issues that pertain to personnel, are required to follow the Hualapai Personnel Policy and Procedures Manual; as all decisions are **final** from the Personnel Committee.

If you have other complaints please fill out the form, this also has steps to follow to try and resolve the issue. Some of the departments have committees that can look into some complaints.

A complaint will not be accepted, if it is on behalf of another individual. Any issues that are in Tribal Court, will not be accepted, until the matter has completed the entire process (to include appeals), with supporting Tribal Court Adjudication.

Name	Type of Complaint
Date	Phone Number
Email Address	Address

Guidelines for Completing this Form:

The Hualapai Tribe is committed to investigate all complaints and take appropriate action to resolve the issue. Please take time to read these guidelines:

1. Attempt to respectfully resolve your complaint directly with the individual/department. A written statement from the individual/department will be required to move the complaint to the next step.
2. Please complete the Hualapai Tribe Complaint Form to the best of your knowledge with true and factual statements.
3. Please attach any supporting documents and/or pictures.
4. Ensure you sign the complaint form. ***Anonymous complaints will not be accepted.***
5. Please return completed form by mail, fax, e-mail, or hand delivered to the following address:

Hualapai Tribal Administration
Attention: Christine Lee, Executive Secretary
941 Hualapai Way
PO Box 179
Peach Springs, AZ 86434
Fax: (928) 769-2434
Email: tribalcouncil@hualapai-nsn.gov

6. Hualapai Tribal Administration will acknowledge receipt of your complaint and advise you of the steps taken to investigate the matter, in writing. Allow up to 10 business days for a written response.

Date/Time Received	
Received By:	
Referred to	
Response Sent Date/Time	

Administration Use Only

Nature of the Problem:

As fully as possible, please describe the events in the order in which they happened, including specific dates, names of involved individuals, and any other details that will support your complaint. Enclose copies of supporting documentation and correspondence that may be helpful. (If additional space is needed please attach a separate sheet.)

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.**Resolution:**

In detail, describe how you would like this complaint resolved. Please include resolutions that are **realistic**, and will be beneficial for all parties involved.

[illegible]

Disclaimer:

I acknowledge the information I have provided on this complaint form is true and accurate. Providing misleading or false information will result in automatic termination of the complaint. I understand that completion of this form is voluntary, but failure to provide requested information and/or failure to sign this form may delay or preclude investigation of my complaint. I understand that, as part the complaint procedure, a copy of this form may be forwarded to the individual/department that is the subject of my complaint or other third-party investigators.

Signature: _____

****Required****