

# Habematolel Pomo of Upper Lake

## COMPLAINT / GRIEVANCE FORM

Date: \_\_\_\_\_

Time: \_\_\_\_\_: \_\_\_\_\_ a.m. / p.m.

CIRCLE ONE

Submitted By: \_\_\_\_\_

MEMBER / NON-MEMBER

PRINT NAME

CIRCLE ONE

Contact Information: \_\_\_\_\_

Mailing Address, Phone No. &

Email Address \_\_\_\_\_

**Description of Complaint/Grievance** (Include: Who, What, When & Where & Why):

YOU MAY USE & ATTACH A SEPARATE SHEET OF PAPER TO THIS FORM OF YOUR DESCRIPTION.

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**Explain how you would like your complaint/grievance resolved** (Include: A positive outcome):

YOU MAY USE & ATTACH A SEPARATE SHEET OF PAPER TO THIS FORM OF YOUR EXPLANATION.

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Route To: Tribal Administrator  
Cc: Executive Council

Received By: \_\_\_\_\_  
Sign, \_\_\_\_\_ Date & Time \_\_\_\_\_

Completed By: \_\_\_\_\_  
Sign, \_\_\_\_\_ Date & Time \_\_\_\_\_

FOR OFFICE USE ONLY

