

**COMPLAINT FORM**

***Please Check the Box of the Program You Have a Complaint With:***

Elder Nutrition \_\_\_ Elder Services \_\_\_ LIHEAP \_\_\_ Child Care \_\_\_ Transportation \_\_\_

Commodities \_\_\_ Elders Wood \_\_\_ Goodwill Vouchers \_\_\_

Date of Incident: \_\_\_\_\_ *(Must be filed within thirty (30) days of Incident)*

CSD Staff Involved: \_\_\_\_\_

State Complaint: *(If you need more space please add additional sheets of paper)*

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Printed Name: *(Person Filing Complaint)* \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Please return Complaint Form to the Community Services Department, ATTN: Director or  
Mail to: CSD Director, The Klamath Tribes, PO Box 436, Chiloquin, OR 97624. **OVER**

## **COMPLAINT PROCESS**

**The Community Services Department will investigate the issues around your complaint and within ten (10) working days mail a response to you at the address provided on this form. If this process does not resolve the complaint to your satisfaction, the person making the complaint must make a written complaint within five (5) working days after the date of the first written reply, to the Administrative General Manager of the Klamath Tribes with a copy to the Community Services Department Director. The Klamath Tribes Administrative General Manager will make the final decision in resolving the complaint. There are no further steps to appeal the decision.**