

**APPENDIX A
COMPLAINT FORM**

ASHCROFT INDIAN BAND COMPLAINTS POLICY

1. Identification of the Complainant (person who is filing a Complaint):

Full Name:	
Address:	
Telephone:	
E-mail:	

2. Have you attempted to resolve this issue yourself, with the Personnel or members of the Band community about whom you are complaining? Yes No

3. If not, why not? _____

4. Please check the box which best describes who you are:

- Member of Ashcroft Indian Band
- Community member of Ashcroft Indian Band (includes those receiving services from the Band who are not Band Members)
- Band Personnel (includes Council Members and employees of the Band, directors and employees of Band owned businesses)
- Other (please specify) _____

5. Sector addressed by the Complaint:

- Chief and Council
- Education
- Health
- Housing
- Income Assistance/Social Development
- Membership
- Reserve lands or resources
- Band owned business (specify): _____

- Other (specify): _____

April 15, 2019 Draft for Membership Consultation

6. I am filing a Complaint for the following reason(s):

(a) Incident(s) (Describe what happened):

(b) Person who caused the problem ("Defendant"):

(c) Date(s) and time(s) of incident(s):

(d) Location(s) of incident(s):

(e) Witness(es) to the incident(s):

(f) What signed witness statements and other documents or evidence have you attached in support?

7. Does the Complaint involve Band Personnel in a work related function? Yes No

8. What solution would you like to this Complaint? _____

9. Signature of Complainant: _____

10. Date of signing Complaint: _____, 20____

Complaints go to the Ashcroft Indian Band, 414 Cornwall Road, PO Box 440, Ashcroft, BC, V0K 1A0; Attention: Band Manager. Phone 250-453-9154, Fax 250-453-9156, E-mail jodene@ashcroftband.ca.

As long as the Complaint is originally signed and dated, it may be submitted to the Band by fax or e-mail.