



Nooksack Indian Tribal Member Concerns/Complaint Procedure

The Nooksack Indian Tribe understands the importance of community members having a way to express concerns or complaints regarding our programs offered or regarding our employees.

Community Member Procedure:

1. Submit written concern/complaint using the required form.
2. Send form to NIT (PO Box 157, Deming, WA 98244 Attn: General Manager) or Drop off at the Tribal office in a sealed enveloped Attention General Manager or email we-care@nooksack-nsn.gov.
3. Once received the General Manager or designee will either call or email submitting party within 3 working days to let them know it has been received.
4. The General Manager or designee will forward the concern/complaint to the Department Director or Program Manager upon receipt of the concern/complaint. The Department Director or their designee will have 10 working days to attempt to resolve the concern/complaint and report back to the General Manager, what process they used to resolve and whether the Tribal Member was satisfied.
5. In the event the Tribal Member is not satisfied with the resolution they should contact the General Manager within 3 working days and discuss with the General Manager.
6. The General Manager will inform the involved parties of the outcome of the analysis and actions taken, if any. This will conclude the process.
7. If the concern/complaint is a Department Director the General Manager will address the issue brought forward. The General Manager will have 10 working days to attempt to resolve the concern/complaint with the Tribal Member.
8. The General Manager will inform the involved parties of the outcome of the analysis and actions taken, if any. This will conclude the process.

Employee's Procedure:

Employees whom have a work related concern/complaint regarding a co-worker or their department should discuss these with their Supervisor/Director/Human Resources or as outlined in the Personnel Policies Manual.



Nooksack Indian Tribe
Concerns/Complaint Procedure Intake Form

Please Print Clearly:

Concerned/Complainant's Name: _____

Mailing Address: _____

Contact Number: _____

Email Address: _____

Concerns or Complaint is regarding:

- Department - Which Department: _____

- An Employee's Actions – Employees Name: _____

Is this concern or complaint directly involving you? Yes No or

Is the concern or complaint something that was relayed the info to you? Yes No

If Yes, Who told you about this issue?:

Name: _____

Mailing Address: _____

Contact Number: _____

Email Address: _____

If other's may have knowledge of this concern or complaint, please provide their name(s): (attach additional names if necessary)

Name: _____

Name: _____

Date of Occurrence: _____

Description the Concern or Complaint in as much detail as you can below: (you can attach additional documents if needed).

If Additional Pages are attached, how many pages are there? _____

Concern or Complaint Authorization: I hereby certify that, to the best of my knowledge, the above-statements are true and correct.

Signature: _____ Date: _____