



COMMUNITY COMPLAINT FORM

Lower Sioux Indian Community Human Services Department

The department of Human Services is committed to addressing community complaints in accordance to its Community Complaint Policy and Procedure.

Section 1: Your Information		
Last Name	First Name	MI
Mailing Address		
City	State	Zip Code
Contact Number	Do we have permission to leave a voicemail?	
Email Address	Preferred method of contact	

Section 2: Complaint Details	
Date of Incident or Timeline of Complaint	Time
Location of Incident	
Who/What is the subject of your Complaint?	
Summary of Complaint/Issue	

Summary continued

Section 3: Witness Details (if applicable)	
Name	
Address	Contact Information
Release of Information is Required for Follow Up	

Section 4: Desired Complaint Outcome
As a result of making this complaint, is there any outcome you would like? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of desired outcomes

Signature

Date

Internal Use Only
Staff member who received complaint:
Date & Time:
Program of Complaint:
Copy given to supervisor on ____/____/20____
Initials:
Complaint #: