Incident/Complaint Form

Your Name:	
Date/Time of incident (dd/mm/yyyy):	
Name of Offender(s):	
Names of Witness(es), if any:	
Reported to name(s) and Job Title:	
Suggested Action(s):	

(NOTE: Invented or frivolous reports will have consequences to the alleger)

DETAILS: *(provide as much detail as possible. Include specific details of conversations, language, gestures and actions. Attach additional pages as needed)*

Please hand in your completed form to the Governance Department.
Date submitted to Governance Office:

_____ _____
Your Signature ***Date***

_____ _____
Reported to Signature ***Date***

Taku River Tlingit First Nation ◊ Box 132 ◊ Atlin BC ◊ V0W 1A0 ◊ Phone (250)651-7904