Community Improvement Form

Community Member Information	
Use this form to report a concern or complaint about an administration service, department, program, facility, policy, process, employee, contractor, or other activity. For an emergency or immediate threat to health or safety, contact 911 or the appropriate emergency service. Submitting this form does not replace any emergency, appeal, grievance, law-enforcement, or other time-sensitive process that may apply.	
Name:	Organization or community affiliation, if applicable:
Phone:	Email:
Mailing address, if correspondence by mail is requested: Preferred method of contact: □ Phone □ Email □ Mail □ No follow-up requested May we leave a voicemail? □ Yes □ No Accessibility, language, or communication assistance requested:	
Relationship to the program or administration: □ Resident/Community Member □ Client/Participant □ Parent/Guardian □ Vendor/Contractor □ Visitor □ Neighbor □ Advocate/Representative □ Other: _____ Preferred response format: □ Written response □ Phone call □ Meeting □ Email □ No response requested	
Are you submitting on behalf of another person? □ Yes □ No If yes, provide that person's name, your relationship or authority to act, and their contact information if appropriate:	
Complaint Details	
This complaint concerns: □ Administration □ Department/Program □ Service Delivery □ Facility □ Policy/Process □ Employee/Contractor □ Use of Funds or Resources □ Accessibility □ Other: _____	
Name of the department, program, service, facility, policy, process, or person involved:	
Date(s) and time(s) of incident or concern:	Location(s), event, website, or service involved:
Is the concern ongoing? □ Yes □ No Is prompt attention requested because of an upcoming deadline or continuing impact? □ Yes □ No If yes, explain the urgency, deadline, or ongoing impact:	
People involved or affected, including witnesses if known, and their contact information if available:	
May the administration contact the witnesses or other people identified above? □ Yes □ No □ Not sure	
Description of Concern or Incident	

Describe what happened, when and where it happened, who was involved, how you or the community were affected, and any actions already taken. List separate incidents individually and attach additional pages if needed.
If this complaint includes more than one allegation, list each allegation separately and identify the requested remedy or response for each. Attach additional pages if needed.

Supporting documents, photographs, correspondence, or other evidence attached: □ Yes □ No If yes, describe:	Have you previously reported this concern? □ Yes □ No If yes, to whom, when, and by what method?

What response, outcome, or resolution are you requesting, if any? The administration will determine the appropriate review and response under applicable policy and law.
Is there an actual or perceived conflict of interest, confidentiality concern, or other routing concern? □ Yes □ No If yes, explain and identify anyone who should not receive, review, or be assigned to the complaint:

Submission Instructions	
How to submit	Submit the completed form and any attachments by email to: **NITCommunityImprovementForm@nooksack-nsn.gov**
Other methods	The completed form and attachments may be delivered in person to the General Manager's Office, Nooksack Indian Tribe, 5016 Deming Road, Deming, WA 98244, or mailed to: Nooksack Indian Tribe, Attention: General Manager, P.O. Box 157, Deming, WA 98244. Request confirmation of receipt.
What happens next	The designated intake office will log and route the complaint, acknowledge receipt when contact information is provided, and provide a case number or follow-up information when appropriate. Review time may vary based on the issue and available information. Any acknowledgment, response, appeal, or reconsideration timeline established by applicable policy will be communicated to the complainant.

Acknowledgment and Signature
Information will be shared only as reasonably necessary to review and respond to the complaint or as required by applicable policy or law. Complete confidentiality cannot be guaranteed, and complaint records may be subject to lawful disclosure or records-retention requirements. Anonymous complaints

may be reviewed, but the ability to investigate or provide follow-up may be limited. Good-faith complaints should be handled without retaliation to the extent provided by applicable policy and law.

I am submitting this complaint voluntarily and in good faith. The information provided is true and accurate to the best of my knowledge and belief. I understand that I may be contacted for additional information.

To the extent reasonably necessary to review this complaint, I authorize the administration to: contact me for additional information □ Yes □ No; contact identified witnesses □ Yes □ No; and disclose my identity to persons involved in the review □ Yes □ No. I understand that declining consent may limit the review and that disclosure may still be required by law or due process.

Signature: _____ Date: _____
Printed name: _____
If submitted anonymously, leave the name and signature fields blank.

If applicable, information about requesting reconsideration, review, or appeal of the outcome will be provided with the response. Office/contact for questions about that process:
_____

Administrative Use Only

Complaint/Case Number:	Date and time received:
Received by / title:	Method received: □ Email □ Mail □ In Person □ Phone □ Other

Complaint category and department/program assigned:
Conflict-of-interest review completed: □ Yes □ No Reassigned/escalated to:

Initial action: □ Logged □ Referred □ Review Opened □ Information Requested □ Outside Jurisdiction □ Other
Assigned reviewer / title: _____ Target follow-up date:
_____

Referral tracking, if applicable — referred to office/agency: _____
Referral date: _____ Confirmation received: □ Yes □ No

Receipt acknowledged: □ Yes □ No Date/method: _____
Current status: □ Open □ Pending Review □ Referred □ Review in Progress □ Closed

Corrective or follow-up action required: □ Yes □ No
Action owner: _____ Due date: _____ Completion date:
_____ Verification/notes:

Final Disposition

Outcome / response summary:

Reviewed/closed by:	Date closed:

Retain the complaint, attachments, intake and routing records, notices, review materials, response, and final disposition according to applicable records-retention requirements and policy.