Box 70494, Fairbanks Alaska 99707
Telephone (907) 347-1251
Fax: (907) 479-9864

The Native Village of Dot Lake

COMPLAINT FORM

Date of Complaint: ____________________ **F**ile Number: ____________________

Name of person making the complaint: ________________________________

I can be contacted at: ____________________ **O**r ____________________
Phone Number | Alternate Phone Number

____________________ ____________________ ____________________ ____________________
Address: Street or BOX, | City | State | Zip Code

The best time of day to reach me is? __________ **AM** **PM**

CONSENT TO DISCLOSE MY NAME: *(Please select one of the following)*

☐ I consent to my name being disclosed to investigate this complaint.
☐ I do not consent to my name being disclosed during the investigation.

INFORMATION & AREA REGARDING - SUSPECTED COMPLAINT

CAIHC Clinic ______ **T**OK Clinic ______ **D**LV Clinic ______ **P**RC ______ **O**ther: ____________________

Please provide a detailed description of your complaint covering who, what, when, where, how, and why of what happened.
(You may use an attachment page if there is not enough space here).

WITNESS INFORMATION

Do you have witnesses? ☐ **NO** ☐ **YES**

If yes, please provide the name, address, and telephone number of your witness(s) below:

Witness ____________________ **A**ddress ____________________

Phone Number: ____________________

I hereby, electronically submit the following document to ____________________ *on the behalf* ____________________
at the following email address ____________________ *on the date of* ____________________

A notification is requested, upon receipt of this document and to the following email address: ____________________