



Complaint Intake Form

Date Received:

First Name		Last Name		
Address				
Phone		Alternate Phone		
Email				
Contact preference <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> mail				
Please Circle which apply	C/TFN Citizen	C/TFN Employee	Community Member	Other:

Title of Department (or Team, Council, Committee, Board, Organization, etc.)

Describe what department you are making a complaint about.

Department (or organization) contacts

Give the names of the people you have dealt with there, including job titles, phone numbers, etc. you have for them.

Complaint Details

Describe your complaint. Describe what you have done to address it for yourself (give any file or reference numbers, dates these things happened)

Unfair Action

Why do you believe the department (or organization's) actions were unfair?

Have you filed an appeal or applied for review? Yes No
Describe appeal steps taken

Desired Outcomes
What do you want to happen? Describe the result or outcome.

Urgency Details
If you consider the matter urgent, please describe why.

When Completed Please Return to Fairness Coordinator

Return options include:

- Office located at Haa Shagóon Hídi (Learning Centre)
- Mailbox located at the front desk of C/TFN Admin Building
- By appointment (867-821-4251 x 8210 or fairness@ctfn.ca)