



*Quartz Valley Indian Reservation*  
**COMPLAINT FORM**

Today's Date \_\_\_\_\_

Name of Plaintiff \_\_\_\_\_  
(Please Print)

Plaintiff's Phone # \_\_\_\_\_

Subject of Complaint \_\_\_\_\_

Person(s) Involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State your complaint in detail: include date of conflict or situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state your efforts to resolve the issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the remedy or solution you seek: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Plaintiff's Signature



Administrative Response: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

*OFFICE USE*

Date Form Received \_\_\_\_\_  
Form Received by \_\_\_\_\_  
Title \_\_\_\_\_  
Date of Administrative Review \_\_\_\_\_

Complete, sign and return this form to the Tribal Office. Once received, the Tribal Administrator will review the complaint and contact the Plaintiff within three business days.