



# GILA RIVER INDIAN COMMUNITY DEPARTMENT OF COMMUNITY HOUSING COMPLAINT/SUGGESTION/COMPLIMENT FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DISTRICT # \_\_\_\_\_

NATURE OF *(check one box)*: COMPLAINT:  SUGGESTION:  COMPLIMENT:

Please check one of the following: TENANT  COMMUNITY MEMBER  EMPLOYEE

**COMMENTATOR'S INFORMATION** *(for response and additional information):*

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOPIC PERTAINS TO: *(Please select one of the areas):*

Housing Services  Maintenance  Customer Services  Employee  Other

Please provide a brief description of your Complaint  or Other :

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Please provide a short brief description of your Recommendations for Improvement:

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Please provide Resolution to Complaint:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Immediate response to commentator: (Do Not fill out Information Below this Line).*

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

ROUTE COMPLETED INFORMATION INTERNALLY TO:

DCH - Executive Director: (520) 562-3904 Ext. 3141

DCH - Deputy Director: (520) 562-3904 Ext. 3132