



Organized Village of Kake

P.O. Box 316

Kake, Alaska 99830-0316

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(Federally Recognized Tribal Government serving the Kake, Alaska area)

COMPLAINT FORM

Name: _____

Date Submitted: _____

(Anonymous Complaints Will Be Discarded)

How Can We Contact You? _____

Location of Incident: _____

Date of Incident: _____

Time of Incident: _____

Were there any witnesses? If yes, please list: _____

What Department does this pertain to? _____

Please describe in your words what happened: _____

How would you recommend this be resolved? _____

Signature: _____

OFFICE USE ONLY

Received by: _____

Date/Time: _____

Forwarded to: _____