

# Squaxin Transit Comment/Complaint Form

Please return to - Squaxin Island Tribe, 10 SE Squaxin Lane, Shelton, WA 98584

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_ Description of the Incident: \_\_\_\_\_

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

List any witnesses names and phone numbers: \_\_\_\_\_

Optional

Would you like someone to contact you?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Use Only!

Comment/Complaint Form Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by:  Mail  Phone  
 E-Mail  Fax

Investigation completed: \_\_\_\_\_

Response Date: \_\_\_\_\_

Appeal Date: \_\_\_\_\_

Response Date: \_\_\_\_\_