



DEPARTMENT OF HUMAN SERVICES
QUILEUTE TRIBAL TANF
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Client Appeal Form

Today's Date: _____

Client Name	
Date of Decision	
What decision would you like to appeal?	
State the reasons for dissatisfaction with the handling of your case.	
Please describe why this decision should not have been made.	
How have you tried to resolve this issue?	
Please state what action you feel would lead to a satisfactory resolution.	

Please attach any supporting documentation to your appeal form.

My signature indicates that the above statements are true and correct to the best of my knowledge.

I understand that the Program Coordinator will contact me within 10 days of receipt of my appeal to discuss a resolution that is allowable under the Tribal TANF Plan and regulations. I also understand that if I am not satisfied with the outcome, I have the right to take my appeal to the Human Services Director.

Client Signature

Date