



**DEPARTMENT OF HUMAN SERVICES
QUILEUTE TRIBAL TANF**
P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-0336
Fax: (360) 374-4282



Grievance/Dispute Resolution Form

Today's Date: _____

Client Name	
Date of Action/ Inaction	
Where did the incident occur?	
Names of Witnesses	
Please describe what happened.	
How have you tried to resolve this issue?	
Please state what action you feel would lead to a satisfactory resolution.	

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 grievance to discuss a resolution. I also understand that if I am not satisfied with the outcome, I have the right to take my grievance to the Human Services Director.

Client Signature

Date