

This form is for citizen concerns. All the information you provide will assist CAFN in trying to resolve your concerns in a timely manner. CAFN aims to have a response to you within 30 days.

**Return Citizen Concern Forms to:**  
 Angie Wabisca  
 Executive Assistant to Chief Barb Joe  
 awabisca@cafn.ca  
 867-456-6888 ext. 331

**DATE:**

<b>Name</b>		<b>Phone</b>
<b>Email</b>		
<b>Address</b>		<b>Apartment/Unit #</b>
<b>City</b>	<b>Province</b>	<b>Postal Code/ZIP Code</b>

**CONCERN DETAILS**

1. What is your concern?

**CONCERN DETAILS CONTINUED**

2. Who have you spoken to regarding your concern - please list all names.

Name	Position/Title	Date

3. What was their response, if any?

4. Did you file an appeal or apply for a review under any CAFN legislation, if applicable?

- YES
- NO

a. If yes, when was the appeal or review and what was the result?

5. Why do you believe the actions are unfair?

6. Do you have any suggestions on how this concern can be settled?

7. If you consider this matter urgent, please explain why:

8. Are you: *(please check ONE)*

- Elder
- Youth
- Other

**AUTHORIZATION**

The information provided by you is protected from disclosure. It will be only disclosed without your permission where there is a lawful duty by the Citizen's Representative, the First Nations Council or a Director of a department.

I hereby authorize CAFN to access any and all documentation and written information pertaining to my concern:

Signature	Date

**ACKNOWLEDGMENT OF RECEIPT OF FORM:**

ANGIE WABISCA Executive Assistant to the Chief	<b>Date</b>