CHAMPAGNE AND AISHIHIK FIRST NATIONS

CITIZEN CONCERN FORM

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 Executive Director
867-456-6888 ext. 331

DATE:

Name	Phone

Email

Address	Apartment/Unit #

City	Province	Postal Code/ZIP Code

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:

JULIE SMITH Executive Assistant to Chief	Date