



Walker River Paiute Tribe

1022 Hospital Road • Post Office Box 220 • Schurz, Nevada 89427

Telephone: (775)773-2306

Facsimile: (775)773-2585

Walker River Paiute Tribe Complaint Policy

Complaint Policy

1. Any individual wishing to file a complaint must complete a "Walker River Paiute Tribe Complaint Form" within five (5) days of the alleged incident and deliver the form to the above stated office.
2. The Complaint Form must be completed and signed by the complainant whom is directly involved with the alleged incident. The form will then be date-stamped and a copy provided to the complainant.
3. WRPT Administration will investigate the allegations made in the complaint form through the proper chain of command.
4. The Walker River Paiute Tribe Administration will maintain files and records of any complaints.
5. Should the complainant not be satisfied with the resolution, the Walker River Paiute Tribal Council will make the final decision.
6. All investigations should be concluded with twenty (20) working days. Any circumstances requiring an extension of this investigation must be submitted in writing to the complainant.
7. The Walker River Paiute Tribe will not address complaints that involve active and/or confidential court cases.

Forms are available for pick-up and delivery at:

Walker River Paiute Tribe Administration Building
1022 Hospital Road, P.O. Box 220, Schurz, Nevada 89427
Phone #: 775 773-2306

To Return Form by mail:

Attn: Tribal Administration
P.O. Box 220
Schurz, NV 89427



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COMPLAINT FORM

COMPLAINANT NAME: _____

ADDRESS: _____

PHONE: _____ DATE: _____

TYPE OF COMPLAINT: _____

INDIVIDUALS INVOLVED: _____

WITNESSES: _____

STATEMENT OF EVENTS: _____

ACTION REQUESTED: _____

STATEMENT OF CERTIFICATION

I certify that all the information provided above is true and factual. I understand that I can be charged with filing a false report, defamation of character, or other criminal liability, should any information I have documented and certified to be true, be found to be untrue.

Signature of Complainant

Date



FOR OFFICIAL USE ONLY

Official Receiving Complaint: _____

Date Received: _____

Letter of Receipt Sent: Yes No Date Sent: _____

Conclusion of Investigating Official:

Signature of Investigating Official

Date

Title

Letter of Conclusion Sent? Yes No

Date Response Sent

All Investigations should be concluded within twenty (20) working days. Any circumstances requiring an extension of this investigation must be documented in writing.