



For Staff Only
Date:
Time:
Initials:

Emergency Treasury Coronavirus Relief Fund
306 Main Street | Ketchikan, AK | 99901
covidrelief@kictribe.org | 907.228.9555

Complaint Form

Tribal Member Name: _____

Maiden Name or Other Names used: _____ Enrollment #: _____

Street Address: _____ Ketchikan, Alaska 99901

Mailing Address: _____ Ketchikan, Alaska 99901

Email: _____ Home Phone: _____

Cell Phone: _____ Funding/assistance you applied for: _____

Statement of facts (include specific dates, such as date of original application, calls made, emails sent, etc.):

Requested Outcome:

Member Signature

Date