

Customer Complaint Form

If you believe the Tribal Child Support Enforcement Program (TCSEP) has delayed, not taken mandatory action on your case as required by CS&KT Law Codified or Federal regulations or any other concern, please complete this form.

I. Personal Information

Name:		
Address:		
City/State/Zip:		
Home Phone:	Cell Phone:	Work Phone:

II. Type of Complaint

A. Please indicate the nature of your complaint by checking one or more of the categories below:

- | | |
|--|--|
| <input type="checkbox"/> Quality of service | <input type="checkbox"/> Staff Conduct |
| <input type="checkbox"/> Staff Performance | <input type="checkbox"/> Availability of Staff Resources |
| <input type="checkbox"/> Disclosure of Information | <input type="checkbox"/> Availability of Staff |

B. Please use the “comment” section below to provide details about your complaint. The information provided should directly relate to the type of complaint you marked above in the category section. In addition, please describe any information provided to you by your TCSEP Case Manager. Include copies of any evidence in support of your complaint.

C. Comments:

III. Review and Submission Process of Completed Forms

Please return completed forms to the TCSEP Project Director in person at the TCSEP office located at, the TCSEP office located at the DHRD Office in the Old Tribal Complex Building in Pablo, MT, or via mail to Tribal Child Support Enforcement Program, P.O. Box 278 Pablo, MT 59855. Upon receipt of this form, the TCSEP Director shall review your complaint and notify you of a determination.

In the event that this complaint is directly related to the TCSEP Project Director, the TCSEP Project Administrator will review the complaint. Notification will include, whether or not an error has occurred and/or if action was taken. Please mail completed forms to TCSEP Project Director, Tribal Child Support Enforcement Program, P.O. Box 278 Pablo, MT 59855

IV. Acknowledgement

I am requesting a review of my complaint.

Participant's Signature

Date

TCSEP Project Director

Date

TCSEP Project Administrator

Date

DATE STAMP

Employees Initials