MANDAN, HIDATSA, ARIKARA NATION
HUMAN RESOURCE DEPARTMENT
Three Affiliated Tribes ~ Fort Berthold Indian Reservation
307 5th Ave, New Town, North Dakota 58763
Telephone 701.627.8149 Fax: 701.627.2960

TAT EMPLOYEE COMPLAINT FORM

Person Filing Complaint: _____; _____.
Name Title/Department

Phone#: _____ Cell#: _____ Email: _____.

Date of Complaint: ___/___/_____ Time: ___ : ___ ☐ AM ☐ PM

Location: _____.

Name of Person(s) involved in your complaint:

Name(s)/Title/Dept:	Work Phone/Cell#:	Email:

- Include only one Complaint per form. Additional pages may be used for the same Complaint. However, separate forms should be used for new Complaints.
- Describe the details of the Complaint.
- _____
  _____
  _____
  _____
  _____.

Please provide witness(es) name(s), if any:

Name(s):	Phone/Cell#:	Email:

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

Human Resources Department
Received Stamp