



Neskonlith Indian Band

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Member Concern Form

Member Name: _____

Date: _____

Letter Attached YES NO

Regarding:

OFFICE USE ONLY					
Director Report			Attached Staff Report		
Education Director	YES	NO	Name:	YES	NO
Wellness Director	YES	NO	Name:	YES	NO
O &M Director	YES	NO	Name:	YES	NO
Tmicw Director	YES	NO	Name:	YES	NO

Submitted to: _____

Member Signature: _____

Date Stamp: _____