

CITY OF NUIQSUT

P.O. Box 89148 Nuiqsut, Alaska 99789  
Phone #'s: 907 480 6727 or 907 480 6733  
Fax #: 907 480 6928

Citizen Form Submittal: Complaints                      Compliments                      Recommendations  
Check one -                      ( )                      ( )                      ( )

Please complete this formal complaint, compliment or recommendation which may require acknowledgment, follow up, and or corrective action. When finished, please return this form to the City Clerk of the City of Nuiqsut Administrative Office, who will then forward this to the applicable department or office for monitoring the resolution.

**City Department / Location or Area of Concern:** \_\_\_\_\_

Note Details of Complaint, Compliment or Recommendation (attach separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would be considered a satisfactory action to this notice?  
\_\_\_\_\_  
\_\_\_\_\_

Has anybody else been previously contacted and notified regarding this, if so, whom?  
\_\_\_\_\_

Date contacted \_\_\_\_\_ By Phone ( )                      in person ( )                      Written ( )

Any reply or action taken? \_\_\_\_\_

Would you like to be contacted by a city of Nuiqsut representative (s) and confer with him, her or them on the issue?  
Please circle one:                      Yes                      No

Print your name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
How to contact you: \_\_\_\_\_ // \_\_\_\_\_  
   Telephone #    other method of contact

Signature: \_\_\_\_\_ Date \_\_\_\_\_

|   |                     |  |            |             |
|---|---------------------|--|------------|-------------|
| <b>Office use only</b>  |                     | -City of Nuiqsut Action on this submittal- |            |             |
| This form referred to for response and action:                    |                     | City Council                               | City Clerk |             |
| Finance   | Recreation Director | Cultural Guardian                          |            |             |
| City Mayor  | Acting Mayor        | Vice Mayor                                 |            |             |
| Method used to review and to act on this issue: _____             |                     |  |            |             |
| Recommendation regarding this issue: _____                        |                     |  |            |             |
| Results and decisions for this issue: _____                       |                     |  |            |             |
| In continuous or future follow up necessary? _____ Explain: _____ |                     |  |            |             |
| Resolved:    Yes _____    No _____                                |                     |  |            |             |
| Completion Date: _____  |                     | Signature: _____                           |            | Title _____ |