

Whispering Pines Clinton Indian Band

REQUEST/SUGGESTION/COMPLAINT FORM

This form is for ALL MEMBERS of WHISPERING PINES/CLINTON INDIAN BAND.

It is intended for the sole purpose of communication between you and the department you wish to contact. In its written form it gives the departments the necessary information to follow through with—Your request, your suggestion or your complaint.

Name: _____ Signature _____

Date _____ Address _____

Email address _____

Phone# _____ Cell# _____

On Reserve Yes__ No__ What department would you like this to go to? Please check below.

Chief & Council _____

Elders Committee _____

Housing _____

Education _____

Forestry _____

Ec. Development _____

Health _____

Membership _____

Please write your suggestion/request/complaint below.

If you need to add more information please write on the back of this form. Thank you!

Send this form to: email address : admin@wpcib.com or fax: 250-579-8367

Mail to: 615 Whispering Pines Drive, Kamloops BC V2B 8S4

