



Member Comment/Request Form



YOUR CONTACT INFORMATION			
Name:		Phone:	
Address:		Cell:	
		Email:	

ASSISTANCE REQUESTED	
Topic:	
Details:	

Signed:		Date:	
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Would you like to be contacted? Yes No

Is this time-sensitive: Yes No

- Notes:
1. Please use the back of this form if you require more paper.
 2. You will receive a response to your assistance request within no longer than one week.
 3. Please provide us *copies* (not the original) of any documents that may help us to assist you.
 4. If this comment or request is confidential, please fold and staple it or put it in an envelope marked "confidential" and address it to the appropriate TWN representative.

THIS SECTION TO BE COMPLETED BY TSLEIL-WAUTUTH NATION STAFF			
Form accepted by:		Date:	
Form recieved:	<input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By email <input type="checkbox"/> By fax <input type="checkbox"/> From 3 rd person:		(name)
Person(s) sent to for a response:			
Date of response:		Response type:	<input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Meeting
Further action required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	By who?	
Comments:			