

# GRAND TRAVERSE BAND TRIBAL COURT

Grand Traverse Band of Ottawa & Chippewa Indians

2605 N. West Bay Shore Drive Peshawbestown, MI 49682

Tel.: (231) 534-7050 Fax: (231) 534-7051 Email: [tribalcourt@gtbindians.com](mailto:tribalcourt@gtbindians.com)

## OPERATIONAL COMPLAINT FORM

Name: \_\_\_\_\_ Tribal ID#: \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: \_\_\_\_\_

Case Name/Number: \_\_\_\_\_ Party in Case? Yes No

If Yes: Plaintiff Defendant Attorney/Lay Advocate/GAL Witness Other: \_\_\_\_\_

If No, what is your interest in this case?: \_\_\_\_\_

If applicable, person(s) involved in complaint: \_\_\_\_\_

Nature and Date of Complaint or Concern (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What remedy do you seek to this complaint/concern?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

PLEASE RETURN COMPLETED FORM TO TRIBAL COURT FOR PROCESSING

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE

Date Complaint Received in Court: \_\_\_\_\_ Received by (Court Clerk): \_\_\_\_\_

Received by Administrator (Date): \_\_\_\_\_ Administrator's Signature: \_\_\_\_\_

**PLEASE NOTE:** You will receive a response to this complaint within 10 business days of receipt date at Court. If your complaint is regarding a judgment or final order of the Court (sentencing or disposition), you must be a party to the case and you must file a proper appeal in order to have the case, judgment, disposition or final order reviewed by the GTB Court of Appeals. This form is to be used for complaints regarding Court operations such as staff conduct or policies and procedures used by the Court in its day to day operations. Case outcome can only be reviewed upon Appeal. Miigwetch.