

**INDIGENOUS SKILLS EMPLOYMENT AND TRAINING PROGRAM
CLIENT DISPUTE RESOLUTION FORM**

(please note – this form must be submitted within 30 days of the decision rendered by your Employment and Training Officer)

CLIENT NAME	DATE FORM SUBMITTED
CLIENT ADDRESS	
FIRST NATION:	
EMPLOYMENT AND TRAINING OFFICER:	
DATE DECISION RENDERED:	
DETAILED REASON OF DISPUTE	
Reason:	

POLICIES/PROCEDURES AFFECTING DECISION: please list any policies or procedures that you are aware of that affected the decision of the Employment and Training Officer.

Policy/Procedure:

PLEASE PROVIDE ANY ACTIONS YOU MAY HAVE TAKEN PRIOR TO SUBMITTING THIS FORM.
(example: consulted with Chief and Council of your First Nation)

Action:

Date:

SIGNATURE:

DATE:

DATE FORM WAS RECEIVED BY WTCI:

WTCI ISET PROGRAM COORDINATOR:

DATE OF REVIEW BY ISET PROGRAM COORDINATOR:

COORDINATOR FINDINGS: (include conversation with ETO, dates contact was made, please list all policy and procedures that affected the decision)

RECOMMENDATION OF WTCI ISET PROGRAM COORDINATOR

ISET PROGRAM COORDINATOR SIGNATURE

DATE: