Chapter 1 - Due Process Procedures

Legislative Background: The following statement of due process was adopted by the Tribal Council with the following explanation/preamble:

The procedures outlined here will allow for an orderly process that will assure all Tribal members of fair and equitable treatment in Tribal Government services.

It must be noted that all grants and contracts have regulations that are imposed by the funding agency. These regulations must be followed in regard to all expenditures of the grant or contract. Most Tribal Programs have assurances for due process contained within these regulations. The due process contained in these regulations will apply in addition to the following process.

§ 101 - Due Process Procedures

If a Tribal member or parents/legal guardian of a Tribal Member feels that he or she has been treated unfairly in his or her application for services or in dealings with the governmental services, the following procedures may be followed:

(a) Fill out the Due Process Complaint form, stating problem as clearly and concisely as possible, sign, date and include your Tribal Identification number.

(b) Deliver form to the Tribal Governmental Center either by mail or in person; attention: Tribal Manager.

(c) Within 2-5 business days of the Tribal Manager receiving the completed due process, a letter of acknowledging the receipt of the due process will be sent to the Tribal Member and the due process will be forwarded to the department with whom the due process has been filed against. In some instances it may be necessary for the Tribal Member to complete a release of information to allow the parties involved to resolve the due process.

(d) The Department will have 10 business days to respond to the Tribal Manager’s office regarding the due process.

(e) The department response with a cover letter from the Tribal Manager will be sent to the Tribal Member within two business days of receiving the department response.

(f) If a Tribal Member is not satisfied with the department response he or she must contact the Tribal Manager’s office within 10 business days from the date of the response letter. If no response is received by the Tribal Manager’s office within 10 business days, the Tribal Manager with consider the due process matter closed and a letter to that effect will be sent to the Tribal Member.

(g) If the Tribal Member is not satisfied with the department response, upon notification of the dissatisfaction, the Tribal Manager’s office will set up a date to meet with the Tribal
Member to review the response, upon the earliest convenience of the Tribal member. If the due process matter is not resolved at the meeting with the Tribal Member and the Tribal Manager, the Tribal Manager will set up a meeting between the Tribal Member and the Tribal Council at the next regular or special session.

(h) The Tribal Council will issue a finding on the issue and notify the Tribal member or parent/legal guardian of the Tribal Member of their findings. The decision of the Tribal Council will be final unless otherwise provided for by regulation. Appeals may be made through the Tribal Court system and/or through the appeals process regulated within the Grant or Contract regulations involved in the dispute.

DUE PROCESS COMPLAINT FORM

Name: ___________________________ Tribal I.D. # _________ Date: ___________________

Signature:_____________________________________________________________________

Address: _________________________ Telephone:___________________________________

_____________________________________________________________________________

Zip Code:___________________________________

Department involved in complaint and date of complaint: _______________________________

Person(s) (if applicable) involved in complaint: _______________________________________

_____________________________________________________________________________

Complaint or concern: ___________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(Use additional paper if necessary and attach to form)

DEPARTMENT RESOLUTION   _____ Yes_____ No

By: ________________________ Date: __________________________

How Resolved: ________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

TRIBAL MANAGER RESOLUTION   _____ Yes_____ No

By: ________________________ Date: __________________________

How Resolved: ________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

TRIBAL COUNCIL RESOLUTION   _____ Yes_____ No

By: ________________________ Date: __________________________

How Resolved: ________________________________________________________________

_____________________________________________________________________________