



# Office of Chief and Council Government of Siksika Nation

## **CHIEF AND COUNCIL APPLICATION FOR IN-PERSON INTERVIEW**

This form replaces the “Request Time Before for Chief and Council” form. Its purpose is to provide the community a means of expressing grievances or certain issues to Chief and Council in a **structured** and **efficient** format.

Please submit a written Application that addresses the following questions. If one of the questions do not apply, then state “not applicable”. You may use additional paper if necessary.

Department or Individual Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

\_\_\_\_\_

Are you **only** seeking a written response from Chief and Council? **YES** [  ] **NO** [  ]  
Note: All submissions will (at minimum) receive a written response.

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\_\_\_\_\_

If granted an interview, how much time will you require?

\_\_\_\_\_

What is the Purpose of your Request/Explain your issue or concern?

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Is there a Nation Policy that supports your issue or concern?

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How does the Nation Policy apply to your situation?

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What relief are you seeking?

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How **and** why should Council grant the relief you are seeking?

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Do you intend to provide witnesses? **YES** [ ] **NO** [ ] How many?

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Do you have any supporting documentation to support your claim? (example: emails, photographs, letters, policies, terms of reference, written statements or affidavits etc.) YES [  ] NO [  ] Please list **and** attach if applicable:

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Is your claim against a particular person or department (adverse party)? Please list.

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Have you notified the adverse party of your Application? List date notified. If you have not notified the adverse party, why?

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Have you brought this issue to others before Council (exhausted administrative remedies) for example your supervisor, offending party? Aiskapimohkiks etc.?

YES [  ] NO [  ]

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### **Sign the Statement of Veracity.**

*I hereby state that the information contained in my Application is true, to the best of my knowledge. I also confirm that the information herein is both accurate and complete and no relevant information has not been omitted.*

Signed: \_\_\_\_\_ . Date: \_\_\_\_\_ .



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Your Application will be evaluated in the following manner:

1. All Applications will be submitted to the Executive Manager (EM).
2. Together, Council's Chair of the month (Chair) and the EM will evaluate your Application and determine whether or not your issue is to come before Chief and Council or if the matter may be referred to another department or individual.
3. All Applications will receive a written response by the Chair and/or EM within ten (10) business days of your submittal.
4. If your Application is deemed best to be handled by a different department/individual, a formal referral will be made and all your materials will be forwarded to that department/individual.
5. The EM will follow up with the receiving department/individual on how your issue was resolved.
6. If your Application is denied, or if the matter was referred out to another department and no action was taken, you may submit a Letter of Appeal asking for reconsideration of your Application.
7. The Chair and EM reserve the right to request for additional information (if needed) that is not listed on this Application.
8. The Chair and EM reserve the right to notify adverse parties of your Application and allow them an opportunity to respond either in person or in writing.