



Tracking # _____
Office Use Only

Southern Ute Indian Tribe

Customer Service Form

Please complete all that apply

Date _____ Time _____ Location _____

Customer Name _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

Department or Organization Involved _____

Individual Involved _____

Request, Compliment or Complaint

- Tribal Member
- Employee
- General Public
- Contractor
- Attachments

If this is a complaint, how would you like to see this resolved?

Signature _____ Date _____

Please send completed form to customer-service@southernute-nsn.gov or
Customer Service | Southern Ute Indian Tribe | P.O. Box 737, Ignacio CO | 970-563-0100