



# NMPASI

**NORTHERN MARIANAS PROTECTION & ADVOCACY SYSTEMS, INC.**

P.O. Box 503529, Saipan, MP 96950-3529 Tel. Nos.: (670) 235-7273/74 • TTY: (670) 235-7278 • Fax (670) 235-7275

**File NO.** \_\_\_\_\_

## COMMENT AND COMPLAINT FORM

Persons requesting assistance or information, applications, clients and family members of applications are encouraged to complete this form to provide their comments and concerns regarding NMPASI services. Complaints submitted to NMPASI will receive a response from the Executive Director of NMPASI within 15 working days from receipt of the complaint. Any person who has filed a complaint and is not satisfied with the agency's response may submit the complaint to a recognized community professional mediation service, or may pursue legal action as appropriate. PLEASE NOTE THAT THESE ACTIONS ARE TAKEN AT THE EXPENSE OF THE PERSON MAKING THE COMPLAINT.

Please return this form to:

NMPASI  
P.O. BOX 503529 CK  
SAIPAN MP 96950

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Person completing form: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check one:       Comments     Complain     Both

Describe the nature of your comments and/or complaints about services provided by NMPASI:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Advocate at NMPASI who assisted: \_\_\_\_\_

I hereby declare that I have the above and /or have had it explained tome by \_\_\_\_\_ NMPASI staff.

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