



INTAKE FORM

No. _____

Ethics and Rules Office · PO Box 5490, Window Rock, AZ 86515 · (928) 871-6369; Fax 871-7168

COMPLAINANT'S INFORMATION (*Yourself*):

Name: _____ Title: _____

Address: _____

Home #: _____ Work #: _____ Message #: _____

Chapter: _____ Agency: _____

Office: _____ Division: _____

RESPONDENT'S INFORMATION (*Other party*):

Name: _____ Title: _____

Address: _____

Chapter: _____ Agency: _____

Office: _____ Division: _____

WITNESSES:

	<u>NAME/TITLE</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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