BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-3982

TERO COMPLAINT

NAME _____ **DATE** _____
(Last) (First) (MI)

ADDRESS _____
(Street / P.O. Box) (City) (State) (Zip Code)

TELEPHONE (____)_____ **MESSAGE** (____)_____ **WORK PHONE** (____)_____

NAME OF ENTITY / EMPLOYER _____

ADDRESS OF ENTITY / EMPLOYER _____
(Street) (City) (State) (Zip Code)

TYPE OF COMPLAINT:

☐ **Indian Preference / Employment** ☐ **Violation of Personnel Policies and Procedures**

☐ **Termination of Job** ☐ **Other**_____

STATEMENT OF COMPLAINT

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☐ *Attached additional sheets of paper(_____ pages)*

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SIGNATURE DATE