



BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-4143

TERO COMPLAINT

DATE _____

CHARGING PARTY:

| |
|---|
| NAME OF INDIVIDUAL FILING COMPLAINT _____ <small>(Last) (First) (MI)</small> |
| NAME OF BUSINESS _____ |
| ADDRESS _____ <small>(Street / P.O. Box) (City) (State) (Zip Code)</small> |
| TELEPHONE (____) _____ MESSAGE (____) _____ EMAIL: _____ |

COMPLAINT AGAINST:

| |
|---|
| NAME OF BUSINESS/EMPLOYER/CONTRACTOR _____ |
| ADDRESS OF ENTITY / EMPLOYER _____ <small>(Street) (City) (State) (Zip Code)</small> |
| SUPERVISOR/MANAGER/INDIVIDUAL: _____ |
| PHONE NUMBER: _____ EMAIL: _____ |

HAVE YOU EXHAUSTED ALL YOUR GRIEVANCE PROCEDURES AT YOUR PREVIOUS EMPLOYER? YES ____ NO ____

IF NO, PLEASE INFORM A TERO REPRESENTATIVE BEFORE PROCEEDING.

IF YES, PROVIDE DATE OF WHEN ALL STEPS WERE COMPLETED AT PREVIOUS EMPLOYER: _____

PROVIDE TERO ANY DOCUMENTATION PERTAINING TO THE FINAL OUTCOME OF YOUR STEPS.

IF THIS IS AN INDIAN PREFERENCE COMPLAINT, DID YOU FOLLOW ANY EXTERNAL GRIEVANCE STEPS PROVIDED BY THE EMPLOYER? YES _____ NO _____ PLEASE PROVIDE TERO THE OUTCOME TO YOUR GRIEVANCE.

DATE OF INCIDENT: _____

DESCRIPTION OF INCIDENT:

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Attached additional sheets of paper(____ pages)

TYPE OF COMPLAINT:

| | | | |
|--------------------------|---------------------------------|--------------------------|--|
| <input type="checkbox"/> | Indian Preference / Employment | <input type="checkbox"/> | Violation of Personnel Policies and Procedures |
| <input type="checkbox"/> | Termination of Job/ Retaliation | <input type="checkbox"/> | Unfair Employment |
| <input type="checkbox"/> | Harassment/Discrimination | <input type="checkbox"/> | Other _____ |

PLEASE LIST THE SECTION OF THE TERO ORDINANCE YOU BELIEVE HAS BEEN VIOLATED?

REMEDY THAT YOU ARE SEEKING:

LIST OF INDIVIDUALS WITH PERTINENT INFORMATION

Name:

Contact Information:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

AUTHORIZATION OF RELEASE: I HEREBY AUTHORIZE THE RELEASE OF MY EMPLOYMENT/CONTRACTING RECORDS FROM _____ TO THE TERO OFFICE.
EMPLOYER/CONTRACTOR

I BELIEVE THE STATEMENTS SET FORTH IN THIS COMPLAINT TO BE TRUE AND IF FOUND THAT I KNOWINGLY PROVIDED FALSE INFORMATION, I AM SUBJECT TO LEGAL RECOURSE. I UNDERSTAND BY SIGNING THIS COMPLAINT FORM, I AUTHORIZE A TERO REPRESENTATIVE TO ADMINISTER A FULL INVESTIGATION REGARDING THIS COMPLAINT. I FURTHER UNDERSTAND THAT INFORMATION DISCLOSED OR REVEALED THROUGH THE INVESTIGATION WILL BE HELD CONFIDENTIAL TO THE EXTENT THAT IT DOES NOT POSE CONFLICT WITH ANY LEGAL REQUIREMENTS, POLICIES OR PROVISIONS OF THE TERO ORDINANCE OR OTHER APPLICABLE LAWS.

SIGNATURE

DATE

TERO Office use only:

Date received: _____ Time received: _____ Received by: _____

Complaint #: _____