



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 _____			
(Last)	(First)	(MI)	
NAME OF INDIAN OWNED BUSINESS (IF APPLICABLE) _____			
ADDRESS _____			
(Street / P.O. Box)	(City)	(State)	(Zip Code)
TELEPHONE (____)	MESSAGE (____)	EMAIL: _____	

COMPLAINT AGAINST:

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

IF FILING A COMPLAINT AGAINST YOUR CURRENT EMPLOYER:

HAVE YOU EXHAUSTED ALL YOUR INTERNAL GRIEVANCE PROCEDURES AT YOUR 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 ____ **WAS THERE EXTERNAL STEPS FOR THIS EMPLOYER:** YES ____ NO ____

IF YES, PLEASE PROVIDE TERO THE OUTCOME TO YOUR GRIEVANCE.

ARE YOU A BISHOP TRIBAL MEMBER? YES ____ NO ____ IF NO, ARE YOU NATIVE AMERICAN? YES ____ NO ____

DATE OF INCIDENT: _____
DESCRIPTION OF INCIDENT:

<input type="checkbox"/> 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 (INDIVIDUALS LISTED MAY BE SUBPOENAED, IF THIS COMPLAINT PROCEEDS TO A FORMAL HEARING)

Name:

Contact Information:

_____	_____
_____	_____
_____	_____

AUTHORIZATION OF RELEASE: I HEREBY AUTHORIZE THE RELEASE OF MY EMPLOYMENT/CONTRACTING RECORDS FROM _____ TO THE TERO OFFICE.
NAME OF 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 THROUGHOUT 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 #: _____		