

**TRIBAL EMPLOYMENT RIGHTS OFFICE  
COMPLAINT INTAKE FORM**

<b>COMPLAINANT'S NAME/ADDRESS:</b>		<b>COMPLAINT AGAINST NAME/ADDRESS:</b>	
Name: _____ Address: _____ City, State, Zip: _____ Telephone: (____) _____		Name: _____ Address: _____ City, State, Zip: _____ Telephone: (____) _____	
<b>NUMBER OF EMPLOYEES:</b>	<b>WHAT WAS THE MOST RECENT DATE THE ACTION YOU ARE ALLEGING TOOK PLACE?</b>		
	EARLIEST ____ / ____ / ____      LATEST ____ / ____ / ____		
	☐ CONTINUED ACTION		
<b>CAUSE OF COMPLAINT BEING FILED: Check appropriate box(s):</b>			
☐ RACE      ☐ SEX      ☐ NON-INDIAN IN POSITION /QUALIFIED INDIAN APPLICANT			
☐ AGE      ☐ RETALIATION      ☐ DISABILITY      ☐ OTHER (Specify) _____			
<b>LIST YOUR COMPLAINT AND THE REMEDY YOU ARE SEEKING: (If additional space is needed, attach extra sheets):</b> _____ _____ _____ _____			
<b>Are you now employed by the employer that you are filing this complaint against?</b>			
Yes: Start Date: ____ / ____ / ____  Current Position: _____	No: I applied on: ____ / ____ / ____  for _____ (Insert Position)	OR: I was employed as: (Insert Position) _____  Until ____ / ____ / ____ when I was: _____ (Laid off, Fired, etc)	
<b>AUTHORIZATION FOR RELEASE OF INFORMATION: I hereby authorize the TERO Director permission to obtain copies of my personnel file and/or any additional information pertaining to my complaint filed with the TERO.</b>			
_____ Signature		_____ Date	