

Tribal Employment Rights Ordinance Office

P.O. Box 488 New Town, ND 58763

***FOR TERO OFFICE USE
ONLY***

Date Filed:
Time:
Received By:

Complaint of Charging Party

Instructions: Complete all sections of this form including as much detailed information as possible to aid in the investigation.

Name:
Address:
Telephone/Message Number:

Type of Charge

- TERO/Indian Preference on Employment.
- TERO/ Indian Preference in Contracting & Subcontracting.
- EEOC/Age, Race, Sex, (Gender), National Origin, Religion, or Disability.
- Other

Date of Incident:	Location of Incident or Occurrence:
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Name(s) of the person, Covered Employer, or Contractor whom this complaint is against with addresses & Phone Numbers.

Describe What Occurred:

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Who was Present? List Names, Addresses,

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If you have any document that could aid in the investigation please attach them to this form

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What are you seeking as a remedy for this complaint?

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I believe this to be a true and correct statement of an alleged violation, I understand that by signing this form I authorize a T.E.R.O Representative to initiate a good faith investigation. I further understand that information disclosed or revealed through investigation will be held confidential to the extent that it does not pose conflict with any legal requirements, policies or Provisions of the T.E.R.O Ordinance or Equal Employment Opportunity Commission.

Signature: _____

Date: _____