

Shoshone-Bannock Tribes
Tribal Employment Rights Ordinance Office
PO Box 306
Fort Hall, ID 83203

<u>FOR TERO USE ONLY</u>
Date filed:
Time:
Received by:

COMPLAINT OF CHARGING PARTY

Instructions: Complete all sections of this complaint form, including as much detail as possible to aid in the investigation of the complaint.

Name	
Address	Telephone
City, State, Zip	Message Number

- I. Type of Charge: TERO/Indian Preference in Employment
 TERO/Indian Preference in Contracting and Subcontracting
 EEOC/Age, Race, Sex (Gender), National Origin, Religion or Disability

II. Name of the person, Covered-Employer or Contractor who this complaint is against, with address and phone number:

III. Date of incident or occurrence:	IV. Place of the incident or occurrence:
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V. Describe what occurred:

VI. Who was present? List name(s), address(es) and phone number(s) of witnesses.

VII. Are there any notes, documents or other evidence to help investigate the alleged violation? yes no
 If yes, attach to this form.

VIII. What are you seeking as a remedy to this complaint?

CERTIFICATION

I believe this to be a true and correct statement of an alleged violation. I understand by signing this complaint form, I authorize a TERO 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 TERO Ordinance or Equal Employment Opportunity Commission.

 Signature

 Date