



TRIBAL EMPLOYMENT RIGHTS OFFICE

21 Colville Street - Nespelem, Washington 99155

OFFICE: (509) 634-2716 FAX: (509) 634-2740

T.E.R.O. INTAKE / COMPLAINT QUESTIONNAIRE

Title 10-1-21 See Page 26

Any person, group of persons, or organization including any employee of the T.E.R.O. that believes any covered employer or entity has violated any requirements imposed by this code, or regulations adopted under it, may file a complaint with the T.E.R.O. The complaint shall be in writing, shall be signed under oath by the complainant, and shall provide such information as is necessary to enable the T.E.R.O. to carry out an investigation.



CASE NUMBER: TC-2018-_____

NAME OF CHARGING PARTY (PLAINTIFF):

TRIBAL AFFILIATION:

Last First Middle Int.

MAILING ADDRESS: _____
Street Address

PHYSICAL LOCATION:

City State Zip Code

TELEPHONE NUMBERS:

() - () -
Home Work / Office

() -
Message

NAME OF PARTY CHARGES ARE BEING FILED AGAINST (DEFENDANT):

POSITION:

Last First Middle Int.

ADDRESS (BUSINESS): _____
Street Address

MANAGER:

City State Zip Code

TELEPHONE NUMBERS:

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OFFICE FAX

SITE / WORK LOCATION (IF APPLICABLE):

TYPE OF EMPLOYER / EMPLOYMENT:

SOURCE FUNDING (PROGRAM):

CONTRACT AWARD NO. (IF APPLICABLE): _____

DATE RELEASED: _____

MONITORING AGENCY:

CURRENT POSITION & RATE OF PAY (IF APPLICABLE):

LENGTH OF TIME IN CURRENT POSITION:

\$
Per: Hour / Month

TO
Month / Day / Year Month / Day / Year

IMMEDIATE SUPERVISOR:

TITLE:

TRIBAL AFFILIATION:

Last First Middle Int.

PERSON WITH HIRING AUTHORITY:

TITLE:

TRIBAL AFFILIATION:

Last First Middle Int.

WHAT ACTION WAS TAKEN AGAINST YOU THAT YOU BELIEVE TO BE A VIOLATION OF COLVILLE TRIBAL CODE, TITLE 10, OR ANY OTHER RULES AND REGULATIONS OF THE T.E.R.O.? PLEASE PROVIDE NAMES, DATES, TIMES, ETC.; ALSO ATTACH ANY ADDITIONAL DOCUMENTATION THAT MAY BE PERTINENT TO THIS CASE.

HAVE YOU BEEN AIDED OR ASSISTED BY ANY OTHER AGENCY, ATTORNEY, OR OFFICIAL REPRESENTING THE TRIBE? IF YES, PLEASE LIST BELOW:

<i>Name</i>	<i>Title / Position</i>
<i>Mailing Address</i>	<i>Telephone</i>

PLEASE PROVIDE THE NAMES OF ANY WITNESSES THAT MAY HAVE FIRST HAND KNOWLEDGE AND INFORMATION CONCERNING THIS SPECIFIC COMPLAINT:

<i>Name</i>	<i>Address</i>	<i>Title / Position</i>	<i>Telephone</i>

TYPE OF CHARGE:

Colville Tribal Code – Title 10: _____

E.E.O.C. (Race, Sex, National Origin, Religion, Age, Retaliation, Other): _____

SIGNATURE OF CHARGING PARTY	DATE
Compliance Officer Assigned to Investigate	Date

RELEASE OF INFORMATION

I, _____ do hereby authorize the release of my employment records from _____
PRINT YOUR NAME **NAME OF EMPLOYER**
to the T.E.R.O. office, or any other agency / individual having information pertaining to my grievance. This form is covered by the Privacy Act of 1974; PL 93-579 and the Colville Tribal Code – Title 85 (Title 10-2). Furthermore, I believe this information and all statements made to be true and correct to the best of my knowledge.

SIGNATURE OF CHARGING PARTY	DATE
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