

Three Affiliated Tribes Fort Berthold Reservation
Mandan, Hidatsa, and Arikara Tribes
TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO)

COMPLAINT OF CHARGING PARTY

Instructions: Complete all sections of this form, including as much detail as possible to aid in the investigation. Please attach any additional information.

<u>Name:</u>
<u>Address:</u>
<u>City, State, Zip:</u>
<u>Telephone:</u>
<u>E-Mail:</u>

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
- TERO/Other

<u>Name, Address, Covered Employer, Contract who the complaint is against:</u>	
<u>Date of incident or occurrence:</u>	<u>Place of incident or occurrence:</u>
<u>Describe what occurred:</u>	
<u>Who was present? List name(s), address(es), and phone number(s) of witness(es):</u>	
<u>Is all documentation attached?</u>	
<u>What solution are you seeking to remedy this complaint?</u>	

Date Received:

CERTIFICATION

By signing this form, I affirm that the allegations set forth in this complaint form and any accompanying materials are based on my own personal knowledge and is a true and correct statement of an alleged violation to the best of my knowledge. I understand by signing this complaint form, I authorize a TERO Representative to initiate a good faith investigation, to gather information relating to this complaint, and if needed to further investigate the complaint. I further understand that the burden of proof to substantiate a claim is upon me, the undersigned, with proof by a preponderance of the evidence. I further understand that information disclosed or revealed through this 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.

Print Name

Date

Signature

Date Received: