

Smith River Rancheria
 Tribal Employment Rights Office
 140 Rowdy Creek Road
 Smith River, California 95567



FOR TERO USE ONLY
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 Preference in Contracting and Subcontracting

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 incident of or occurrence:
V. Describe what occurred:	
VI. Who was present? List name(s), address(es), and phone number(s) of witness(es).	
VII. Are there any notes, documents or other evidence to help investigate the alleged violation? If yes, attach to this form. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 it does not pose a conflict with any legal requirements, policies or provisions of the TERO Ordinance.

X _____
 Signature

 Date