



TRIBAL EMPLOYMENT RIGHTS OFFICE

Post Office Box 150 - 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-2021-_____

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:

() - _____
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.
