

**Eastern Shoshone & Northern Arapaho Tribes**  
 Tribal Employment Rights Office (TERO)  
 156 Old Wind River Highway  
 P.O. Box 217  
 Fort Washakie, WY. 82514  
 Phone: 307-332-7618 Fax: 307-332-8720

<b><u>FOR TERO USE ONLY</u></b>	
Date Filed	
Time	
Received by	

**(PLEASE ATTACH ANY ADDITIONAL INFORMATION)**

**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
V. Describe what occurred	
VI. Who was present? List name(s), address(es), and phone number(s) of witnesses.	
III. 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	
III. 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