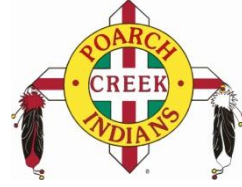


# POARCH BAND OF CREEK INDIANS

## Seeking Prosperity and Self Determination

5811 Jack Springs Road  
 Location: 3480 Highway 21  
 Atmore, Alabama 36502  
 Phone: (251) 368-0606  
 Fax: (251) 368-9312

[www.poarchcreekindians-nsn.gov](http://www.poarchcreekindians-nsn.gov)



### Tribal Employment Rights Commission Office (TERO) Complaint Intake Form

Instructions: Complete all sections of this complaint form. You may attach additional pages if necessary.

#### Charging Party:

Name of Individual filing complaint: _____	
Name of Indian-Owned Business (if applicable): _____	
Address: _____	
City, State, Zip Code: _____	
Telephone: _____	Email: _____

#### Complaint Against:

Company: _____	Department: _____
Supervisor/ Manager / Individual: _____	
Address: _____	
City, State, Zip Code: _____	
Telephone: _____	
Date of Incident: _____	
Description of Incident (additional pages may be attached):	
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Remedy that you are seeking:

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Individuals with Pertinent Information (including contact information):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

What Section(s) of the TERO Ordinance do you believe has been violated (Cite/ Quote the Section(s) of the TERO Ordinance below). A copy of the TERO Ordinance will be provided to you:

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Add remedies/documents of prior situational decision. Have you exhausted all of your procedures and policies? \_\_\_\_\_. Attach any documents pertaining to these decisions.

AUTHORIZATION OF RELEASE: I hereby authorize the release of my employment/contracting records from \_\_\_\_\_ to the TERO Office.

I believe the statements set forth in this complaint to be true and if found that I knowingly provided false information, I am subject to legal recourse. I understand by signing this compliant form, I authorize a TERO Representative to administer a full investigation regarding this compliant. 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 Other Applicable Law.

\_\_\_\_\_  
Complainant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

FOR TERO Commission USE ONLY:

Date & Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Complaint Number: \_\_\_\_\_

Form Number: TERO 0801  
Date Approved: 7/9/08 (Rev. 10/09 JLS)  
(Rev. 12/11 JLS)