



# POARCH BAND OF CREEK INDIANS

5811 Jack Springs Road • Atmore, Alabama 36502  
Tribal Offices: (251) 368-9136 • Administrative Fax: (251) 368-4502  
www.poarchcreekindians-nsn.gov

## TRIBAL REGULATORY COMMISSION NOTICE OF APPEAL REQUEST FORM\*

Submit this completed Appeal Request form with documents to the Tribal Regulatory Commission via email at [TRC-TGB@pci-nsn.gov](mailto:TRC-TGB@pci-nsn.gov) or deliver in person to the Regulatory Affairs Division Office.

Appeal Request Date: \_\_\_\_\_

Employer/Contractor/Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Notice of Appeal Request is in reference to (check which applies and provide relevant dates):

TERO Order #: \_\_\_\_\_ and Date of Issue: \_\_\_\_\_.

TERO Complaint#: \_\_\_\_\_ and Date of Letter: \_\_\_\_\_.

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_

*\*Section 33-8-5 of the TERO code states, "Any Employer or Contractor that is aggrieved by an order of the [Tribal Employment Rights] TERO Director or a complainant that is aggrieved by the closing of a complaint may appeal to the [Tribal Regulatory] Commission. The aggrieved party shall have ten (10) days from the date the order [or date of closure letter] is issued to file a notice of appeal of such order. The appealing party's notice of appeal shall be submitted in writing to the Commission and shall attach a copy of the order or findings appealed and the reasons that the complainant disagrees. The Commission shall issue and serve a written notice of hearing to the Employer or Contractor and the complainant, specifying the nature of the violation and requiring the Employer or Contractor, in this Section called the "respondent", to answer the appeal at a hearing before the Commission. The notice shall specify a time of hearing within a reasonable time after service of the appeal based on the availability of the parties, but in no event later than thirty (30) days after notice of the appeal."*

The signature below acknowledges that <NAME> \_\_\_\_\_  
formally requests an appeal hearing before the Tribal Regulatory Commission.

Signature

Date

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

This Appeal Request Form was received on this <DATE/TIME> \_\_\_\_\_  
by the Regulatory Affairs Division Office to act on behalf of the Tribal Regulatory Commission.

Name and Title of Regulatory Affairs Division Office Staff Receiving Appeal Form

Signature

Date

TRC- NOARF: Created 10-21-19 (Rev. 1-21-20)(Rev. 3-9-21)(Rev. 7-27-21)(8-3-21)