

Blackfeet TERO PO Box 1889 Browning, MT 59417 **Complaint Form**

Instructions: Complete all sections of this complaint form to help with investigation.

Name	
Address	Telephone
City, State, Zip	Message Number
Type of Charge: TERO Violation EEOC/Age, Race, Sex (Gender), National Origin, Religion, Or Disability	
Name of the person, Covered-Employer or Contractor who is against:	
Date of Incident: Place of	of the Incident:
Describe what occurred:	
(Attach on separate paper if more room is needed) Who was present? List names, addresses and phone numbers:	
(Attach on separate paper if more room is needed)	
Are there any notes, documents or other evidence	
To help investigate the alleged violation?	Yes Vo
What are you seeking as a remedy to this complaint?	
I Hereby Authorize TERO To Conduct An Investigation And The Right To Obtain Personnel Records And Information Pertaining To This Complaint.	
Date	
Signature of Person Filing Complaint	