Blackfeet TERO
PO Box 1889
Browning, MT 59417

Complaint Form

Instructions: Complete all sections of this form.

Name:	
Address	Phone:
City, State, Zip	Other contact info:

Type of Charge: ☐ TERO Violation

☐ EEOC/Age, Race, Sex (Gender), National Origin, Religion, Or Disability

Name of the person, Covered-Employer or Contractor:	
Date of Incident:	Place 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** ☐ **No**
What are you seeking as a remedy to this complaint?	

By signing, I give Blackfeet TERO complete authorization to obtain my employment records and all written, electronic, or other information from my employer or any entity to satisfy my complaint.

_____ Date_____

Signature of Person Filing Complaint

*************FOR TERO USE ONLY*************

TERO CASE NUMBER:	
DATE:	***ASSIGNED OFFICER:***