



COMPLAINT INTAKE QUESTIONNAIRE

6406 MARINE DRIVE, TULALIP WA. 98271 MAIN LINE (360)716-4747 FAX (360)716-0296

Please immediately complete this entire form and return it to the Tulalip Tribal Employment Rights Office ("TERO"). **REMEMBER**, a charge must be filed within the time limits imposed by law, within 14 days of the alleged claim. When we receive this form, we will review it to determine TERO coverage.

Answer all questions completely, and attach any additional pages if needed to complete your response. If you do not know the answer to the question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: _____ First Name: _____ MI _____

Street or Mailing Address _____ Apt or Unit #: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Numbers: Home (_____) _____ Work: (_____) _____

Cell: (_____) _____ Email Address: _____

Date of Birth: _____ Sex: [] Male [] Female Do you have a disability [] Yes [] No

Please answer the next three questions. i. Are you Native American? [] Yes [] No

Tribal Affiliation: _____

ii. What is your Race? Please choose all that apply. [] Hispanic or Latino [] Asian [] Caucasian

[] Black or African American [] Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry) _____

Please provide the name of a person we can contact if we are unable to reach you:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Other Phone: (_____) _____

2. What is the reason (basis) for your claim?

TERO Code Violation Employment Discrimination Violation (please check box)

Race Sex Age Disability National Origin Religion Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type (s) of genetic information involved: i. genetic testing ii family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

3. What happened to you that you believe you needed to file this claim? Please attach additional pages is needed.

A. Date: _____ Action: _____

Name and Title of Person(s) responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible _____

4. Why do you believe these actions were unfair? Please attach additional pages if needed

5. Are there any witnesses to the alleged incident? If yes, please identify them below and tell us what they will say. (attach additional pages if needed to complete your response)

Full Name Job Title Address & Phone Number What can this person tell us on regards to this claim

A. _____

B. _____

6. Have you filed a charge previously on this matter with any other agency? [] Yes [] No

If yes please, provide the name of the agency and the date:

7. What remedy would you like to occur?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of discrimination, TERO code violation, employment violation, you must do so either within 14 days from the day of the incident. **if you do not file a charge within the time limits, you will forfeit the option to file a claim.**

Box 1 [] I want to talk to a TERO employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with TERO. **I also understand that I could lose the opportunity to file with TERO if I do not file a charge in time.**

Box 2 [] I want to file a complaint, and I authorize TERO to look into the charges I described above. I understand that **TERO must give the employer or agency that I accuse information about the charge, including my name.** I also understand that the TERO can only accept charges of TERO code violations and job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Signature

Date

PRIVACY ACT STATEMENT; this form is covered by the privacy act of 1974: Public Law 93-579. Authority for requesting personal data and the use thereof are:

TERO INVESTIGATION, 9.05.4460 The TERO staff shall have full investigation authority as deemed necessary to determine whether a violation of any provision of this code has occurred or to aid in prescribing rules, regulations, and guidelines hereunder.

PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims, determine if TERO has jurisdiction over those claims, and provide charge filing counseling, as appropriate, this questionnaire may serve as a charge if it meets the elements of a charge to HR or Compliance Department.

ROUTINE USE. TERO may disclose information from this form to other entities as appropriate or necessary to carry out the functions, or if TERO becomes aware of civil or criminal law violation. TERO may also disclose information to respondents in litigation.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.

Providing this information is voluntary but the failure to do so may hamper the investigation of a charge. It is not mandatory that this form be used to provide the requested information