



# EASTERN BAND OF CHEROKEE INDIANS TRIBAL EMPLOYMENT RIGHTS OFFICE

## **TERO FORMAL COMPLAINT GUIDANCE**

Before filing a formal complaint, parties are required to make a good faith effort to resolve differences informally. TERO staff and the Commission may refuse to hear a complaint if no attempt has been made and may order mediation or other steps to resolve the issues.

A written complaint may be filed against any certified vendor, procuring entity, TERO employee or the Commission for alleged violations of the TERO Ordinance, regulations, guidelines, or orders issued pursuant to Chapter 92 or Chapter 95. Oral complaints shall not be considered.

An appropriate staff member shall conduct an initial investigation upon receipt of the complaint to determine if the complaint is grounded in fact and may represent a violation of TERO rules, regulations, policies and procedures or guidelines or a contract or subcontract under which a certified economic entity performed. If there is a finding of such, the staff member shall conduct a thorough investigation and shall take appropriate action as provided by applicable laws and/or regulations and shall issue a response within thirty (30) days.



# EASTERN BAND OF CHEROKEE INDIANS TRIBAL EMPLOYMENT RIGHTS OFFICE

## TERO FORMAL COMPLAINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address:	Telephone & Email
Street/PO: _____	Home: _____
City: _____	Work: _____
State: _____	Mobile: _____
Zip: _____	Email: _____

I am a:

- Procuring Entity: \_\_\_\_\_
- TERO-certified Vendor: \_\_\_\_\_
- Tribal Program: \_\_\_\_\_
- Other: \_\_\_\_\_

This complaint is against: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Place of incident: \_\_\_\_\_

Complaint: (Please be specific and attach supporting documentation) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheets if necessary. Please title the attachment: Your Name, Complaint Attachment, page # \_\_\_ of \_\_\_)

# TERO Formal Complaint (cont.)

Name: \_\_\_\_\_

## Witnesses:

Name	Phone Number / Email Address
_____	_____
_____	_____
_____	_____

(attach additional sheets if necessary. Please title the attachment: Your Name, Witness Attachment, page # \_\_\_ of \_\_\_)

What remedy are you requesting for your complaint? Please be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(attach additional sheets if necessary. Please title the attachment: Your Name, Remedy Attachment, page # \_\_\_ of \_\_\_)

*I believe the above to be true and correct. I authorize TERO to initiate an investigation into the alleged complaint. I understand that information revealed in the investigation will be held confidential to the extent that it does not pose a conflict with legal requirements, policies, or provisions of the TERO Ordinance.*

*I understand that if this complaint is resolved at a Hearing before the TERO Commission, this document shall be made available to all parties involved.*

Signature: \_\_\_\_\_

Date \_\_\_\_\_