Mashantucket Pequot Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE

Claim of Violation Against Non-Tribal Employer

For Claim under Chapter 1, Section 9 of Title 33,
the Mashantucket Pequot Tribal and Native American Preference Law

Complete this claim form if you believe the Preference Law was violated by an employer that is <u>not</u> the Mashantucket Pequot Tribal Nation.

If you wish to file a claim, the claim must be filed with the MERO within 180 calendar days of the event you believe was not compliant with the Preference Law. If your employer offers a complaint process, file a complaint with your employer first, but file your claim with the MERO within 180 calendar days even if your employer has not finished processing your complaint.

File with the MERO a fully completed form (printed clearly in ink or typed). **All questions must be answered!** If you need assistance, please contact the MERO at 860-396-6505.

Section 1: CLAIMANT INFORMATION

1.1 Full Name (Print):	**1.2 E-mail:**
1.3 Home Address:	**1.4 Mailing Address (if different from home address):**
1.5 Best Phone Number:	**1.6 Alternate Phone Number:**

1.7 Please indicate your membership in a federally recognized Native American tribe:

☐ Mashantucket (Western) Pequot Tribal Nation

☐ Other Tribe. Print Name and Address:

_____

_____

_____

Section 2: EMPLOYER INFORMATION

2.1 Name of Employer's Business on Reservation:	**2.2 Employer Address on the Reservation:**
2.3 Name of Employer Representative:	**2.5 Number of Employees Employed by Employer on the Reservation:** ☐ Less than 5 ☐ 5 or more ☐ I do not know
2.4 Position of Employer Representative:	**2.7 Employer E-mail:**
2.6 Employer Phone No.:	**2.7 Employer E-mail:**

2.8 Your relationship to the Employer is: ☐ Employee (includes terminated employees) ☐ Job Applicant

Section 3: EMPLOYER COMPLAINT PROCESS

3.1 Did you file a complaint about your Preference Law claim with your Employer?

☐ Yes ☐ No ☐ Employer does not offer a complaint process ☐ Employer did not accept my complaint

3.2 If you filed a complaint with your Employer, what is the status of the complaint?

☐ I have not received a decision ☐ I received a decision ☐ I do not know

Mashantucket Employment Rights Office, MPTN, Pequot Museum, 110 Pequot Trail, P.O. Box 3180, Mashantucket, CT 06338-3180
Ph: (860) 396-6508, (860) 396-6505 Email: MERO@mptn-nsn.gov Website: https://MERO.mptn-nsn.gov Facebook: www.facebook.com/MEROmessage

Section 4: PREFERENCE CLAIM INFORMATION

Indicate any opportunities you believe you were denied in violation of the Preference Law and complete the corresponding section. For example, if you believe you were denied hire in violation of the law, check the "Hired" box and complete the remainder of Section 4.1.a.

4.1.a I was not ☐ Hired ☐ Transferred ☐ Promoted into the position of _____

4.1.a.1 Was the position posted or advertised? ☐ Yes ☐ No ☐ I do not know

4.1.a.2 Did you apply for the position? ☐ Yes ☐ No ☐ I do not know

4.1.a.3 Are you minimally qualified for the position? ☐ Yes ☐ No ☐ I do not know

4.1.b I did not receive ☐ Training for the position of _____

4.1.b.1 Did the training exist at the time it was not offered to you? ☐ Yes ☐ No ☐ I do not know

4.1.b.2 Was the training available to other employees? ☐ Yes ☐ No ☐ I do not know

4.1.b.3 Did other employees receive the training? ☐ Yes ☐ No ☐ I do not know

4.1.b.4 What training do you believe you were denied: _____

_____

4.1.c I was ☐ Suspended ☐ Terminated at the time I held the position of _____

4.1.c.1 Were other employees also suspended or terminated? ☐ Yes ☐ No ☐ I do not know

4.1.c.2 What reason(s) did the Employer give for suspending or terminating your employment?
☐ No reason was given ☐ Layoff ☐ Reduction in Force ☐ Disciplinary ☐ Other

4.1.c.3 If you believe the suspension or termination was in retaliation for previously filing a Preference Law claim, what is the case number and approximate filing date of the prior claim?

_____

4.2 Was the opportunity/employment position identified above located on the Mashantucket Pequot Tribe's Reservation? ☐ Yes ☐ No ☐ I do not know

4.3 Provide the approximate date of the event you claimed violated the law (if more than one event, please provide approximate date for each): _____

4.4 Provide a summary below of what you believe was not in compliance with the Law (*Identify who, what, where, when, and why a violation?*). If you attached additional pages, how many? ____

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CLAIMANT'S UNDERSTANDINGS, AUTHORIZATIONS and CERTIFICATION

Please review the Claimant's Understandings, Authorization and Certification carefully before signing. This document may be signed manually or electronically. An electronic signature includes typing your name or inserting your mark in the signature field below. Your signature must be visible in both electronic and print formats. If you choose to sign electronically, check the following box to confirm your agreement to conduct business with the MERO electronically and your understanding that your electronic signature is the legally binding equivalent of your manual signature. ☐

Claimant's Understandings, Authorizations and Certification:

I understand that I am responsible for reviewing and complying with the MERO's rules, regulations manuals and policies; including, "Information for Claimants" (Form 33-1110). I understand that a copy of this Claim will be provided to the employer I identified in my Claim as not complying with the law.

I understand that the MERO and its personnel, including the MERO Director, do not personally represent any individual claimants or employers/respondents. I understand that if I wish to be represented by an attorney at any time, I may hire an attorney of my choice at my cost.

I hereby authorize the release to the MERO of my employment and personnel records for purposes of determining my Claim. I also authorize the MERO to provide my personally identifiable information, including a copy of this Claim, as necessary, to the tribal clerk or other authorized authority of the Native American tribe in which I indicated my membership and further authorize the release to the MERO of information from the tribal clerk or other authorized authority for purposes of determining my Claim. A copy of this authorization, including my signature below, is valid as an original.

By my signature, I certify that all the information provided in this Claim is true and correct to the best of my knowledge and belief.

Claimant's Signature **Date**

DO NOT WRITE BELOW THIS LINE

Date Filed: **Docket Number:**

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