



Mashantucket Pequot  
Tribal Nation

## MASHANTUCKET EMPLOYMENT RIGHTS OFFICE

### Intake Questionnaire

#### For Charge alleging Prohibited Practice under Chapter 1, Section 6(a) or 6(b) of 32 M.P.T.L., the Mashantucket Pequot Labor Relations Law

The purpose of the Intake Questionnaire is to provide additional and sufficient information about the nature of the Charge to permit the Charged Party to respond and the MERO to preliminarily assess what proceedings may be necessary to resolve the allegations. Any response may be continued on additional pages. Any questions about completing this form may be addressed to the MERO Director.

1. State the names of any individuals who are alleged to have been discriminated against in regard to hire or tenure of employment or any term or condition of employment.

2. What managers, supervisors or agents of the Charged Party engaged in the conduct alleged in the Charge?

3. Describe specifically the location of the alleged Prohibited Practice. (E.g. building, floor, room, pit number, etc.)

4. Describe the conduct that is alleged to constitute a Prohibited Practice. (Witnesses who are not supervisors or managers need not be identified.)

5. Describe the remedy being requested.

6. If you believe this matter is time sensitive, please check here  and explain why.

7. If any pages with information about the charge are attached, check here  and indicate the number of pages attached: \_\_\_\_

#### DECLARATION & UNDERSTANDING

This Intake Questionnaire may be signed manually or electronically. An electronic signature includes typing your name or inserting your mark in the signature field or providing a manual signature that is submitted electronically. Your mark must be visible in both electronic and print formats. If you choose to sign electronically, check the following box to confirm your election to sign electronically and to conduct business with the MERO electronically, and your agreement that your electronic signature is the legally binding equivalent of your handwritten, wet signature.

**I declare that the statements I have provided on this Intake Questionnaire are true to the best of my knowledge and belief. I understand that a copy of this questionnaire will be provided to the Charged Party.**

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

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

**I certify that a copy of this Intake Questionnaire has been served on the opposing party consistent with the Mashantucket Pequot Labor Relations Law.**

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

#### DO NOT WRITE BELOW THIS LINE

Date Filed:

Case No.:

**Forward the completed Intake Questionnaire to the MERO with the completed Charge form.**