



Mashantucket Pequot  
Tribal Nation

## MASHANTUCKET EMPLOYMENT RIGHTS OFFICE

### Claim of Violation Against the Mashantucket Pequot Tribe

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

A claim against the Mashantucket Pequot Tribe must first be filed with the Office of Native American Preference (ONAP) within 180 days of the event you believe was not compliant with the Preference Law. A claim may be filed with the MERO within 15 calendar days of the date of the ONAP decision.

If a claim or allegation has not been raised with the ONAP before bringing it to the MERO, you may not be permitted to include that claim or allegation in a case before the MERO.

File with the MERO a fully completed form (printed clearly or typed) bearing your original, physical, wet, ink signature. If you do not provide full information, your claim may not be processed. If you have a claim against an employer that is not MPTN, please use Form 33-1100B.

**If you need assistance, please contact the MERO at 860-396-6508.**

#### Section 1: CLAIMANT INFORMATION

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

**1.7 Please indicate your tribal affiliation:**

Mashantucket (Western) Pequot Tribe member.

Mashantucket (Western) Pequot Tribe member's spouse (including surviving spouse with minor child)  
Tribal Member's Name: \_\_\_\_\_

Adopted or Dependent Child of Mashantucket (Western) Pequot Tribe member. Name of Tribal Member who is adoptive or has/had custody and care: \_\_\_\_\_

Native American (*Print Name of Tribe*): \_\_\_\_\_

**1.7.a** If you checked Native American, please indicate your tribe's recognition status:  
 Federal     State of \_\_\_\_\_     First Nation of Canada     MPTN Resolution     None

**1.8 Are you currently employed?**  Yes     No    If you answered YES, please provide the following information:

Name of Employer: \_\_\_\_\_ Position you hold: \_\_\_\_\_

#### Section 2: INFORMATION ABOUT TRIBAL ENTITY THAT YOU BELIEVE VIOLATED THE LAW

<b>2.1 Name of Tribal Entity:</b> (Example: Foxwoods Resort Casino)	<b>2.2 Name(s)/Position(s) of individual(s) who denied you your rights:</b>
<b>2.3 Name of Unit/Department where the violation took place:</b>	

**2.4 Were you employed in the Unit/Department at the time you believe there was a violation?**  Yes     No

If you answered YES:

**2.4.a** What position did you hold at that time? \_\_\_\_\_

**2.4.b** Who was your supervisor? \_\_\_\_\_

**2.4.c** What position did your supervisor hold? \_\_\_\_\_

Section 3: PREFERENCE CLAIM INFORMATION – MPTN MEMBERS, SPOUSES, ADOPTED CHILDREN & NATIVE AMERICANS

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.

3.1 I was not  Hired  Transferred  Promoted

on about (insert date) \_\_\_\_\_ into the position of \_\_\_\_\_

3.1.a Was the position posted or advertised?  Yes  No  I do not know

3.1.a.i. If the position was posted or advertised, did you apply for the position?  Yes  No

3.1.a.ii. If the position was not posted or advertised, did you express an interest in the position before the position was filled?  Yes, to \_\_\_\_\_  No

3.1.b Did you meet the minimum necessary qualifications of the position?  Yes  No  I do not know

3.1.c What reason(s) did the Employer give you for not hiring, transferring or promoting you?

No reason was given  I did not meet the minimum necessary qualifications of the position

An MPTN member was chosen for the position

An MPTN member spouse or adopted child was chosen for the position

A Native American was chosen for the position

The position was not filled  The position is exempt from preference and I was not the best qualified

Other (describe): \_\_\_\_\_

3.2  A meeting with the department and the Office of Native American Preference was not held within my first 90 days in the position of \_\_\_\_\_

3.3  I did not receive Training for the position of \_\_\_\_\_

3.3.a Did the training exist at the time it was not offered to you?  Yes  No  I do not know

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

3.3.c Did other employees receive the training?  Yes  No  I do not know

3.3.d Did you request the training you believe you were denied?  Yes I made a request to \_\_\_\_\_  
\_\_\_\_\_  No, I did not request the training

3.3.e What training do you believe you were denied? \_\_\_\_\_

3.3.f About how long had you been employed in the position at the time of the training opportunity?

0-3 months  3-6 months  6-12 months  Other (specify): \_\_\_\_\_

3.3.g Approximately when were you denied training (insert date)? \_\_\_\_\_

3.3.h What reason(s) did the Employer give you for not providing training?

No reason was given  No training was existing and available  They were working on it

Other (describe): \_\_\_\_\_

3.4  I did not receive the cultural opportunity of \_\_\_\_\_

3.4.a Did you request the cultural opportunity you believe you were denied?  Yes I made a request to \_\_\_\_\_  
\_\_\_\_\_  No, I did not request the cultural opportunity

3.4.b Approximately when did you request the cultural opportunity (insert date)? \_\_\_\_\_

3.4.c If the cultural opportunity took place on a specific date, approximately when (insert date)? \_\_\_\_\_

3.4.d What reason(s) did the Employer give you for denying the cultural opportunity?

No reason was given  The request was for something that was not a cultural opportunity

The request was not timely  Granting the request would have been a hardship for the employer

Other (describe): \_\_\_\_\_

**3.5 I was  Suspended  Terminated**

**about (insert date) \_\_\_\_\_ when I held the position of \_\_\_\_\_**

- 3.5.a Were other employees also suspended or terminated at the same time?  Yes  No  I do not know
- 3.5.b What reason(s) did the Employer give for suspending or terminating your employment?  
 No reason was given  Layoff or Reduction-in-Force  Disciplinary action  
 Other (describe): \_\_\_\_\_
- 3.5.c If you believe the suspension or termination was in retaliation for previously filing a Preference Law claim, what is the case number or approximate filing date of the prior claim? \_\_\_\_\_

**Section 4: ADDITIONAL PREFERENCE CLAIM INFORMATION – MPTN MEMBERS, SPOUSES OF MPTN MEMBERS AND ADOPTED CHILDREN ONLY**

**This section applies only if you are an MPTN member, Spouse of an MPTN member or Adopted Child/Dependent Child of an MPTN member. Indicate any opportunities you believe you were denied in violation of the Preference Law and complete the corresponding section.**

**4.1  There was no two (2) day advance notice of the open position of \_\_\_\_\_**

- 4.1.a Did you check Pequot-at-Home for the advance notice of the open position?  Yes  No
- 4.1.b Approximately when did the open position come to your attention (insert date)? \_\_\_\_\_

**4.2  I did not receive shift assignment preference on about (insert date) \_\_\_\_\_**

- 4.2.a Was there a rebid?  Yes  No  I do not know
- 4.2.b Did your shift assignment change?  Yes  No  I do not know
- 4.2.c Was there an open position?  Yes  No  I do not know
- 4.2.d Did you ask the employer for the shift assignment you preferred?  Yes, I asked \_\_\_\_\_  
 No, I did not ask for my preferred shift assignment
- 4.2.e Who received the shift assignment you believe you should have been offered?  
 MPTN member  Spouse or Adopted Child of an MPTN member  
 An individual who is not preference eligible  I do not know
- 4.2.f What reason(s) did the Employer give for not providing preference to you in your shift assignment?  
 No reason was given  The opportunity was not a shift assignment  
 My preferred shift was assigned to an MPTN member  
 My preferred shift was assigned to an MPTN member spouse or adopted child  
 My preferred shift was assigned to a Native American  
 The shift was not offered to anyone or was not filled  
 Other (describe): \_\_\_\_\_
- 4.2.g Describe the shift assignment you believe you were denied: \_\_\_\_\_  
\_\_\_\_\_

**Section 5: OFFICE OF NATIVE AMERICAN PREFERENCE (ONAP) COMPLAINT INFORMATION**

- 5.1 What is the status of the complaint you filed with the ONAP?  I do not know  I have not received a decision  
 I received a decision about (insert date) \_\_\_\_\_ (please provide a copy to the MERO)
- 5.2 The Preference Law requires that claims against the Tribe first be filed with the ONAP. Please review the claims you identified above carefully. Did you file a claim with the ONAP about all the preference issues identified on this claim form?  Yes  No  I did not tell the ONAP about the following claim(s): \_\_\_\_\_
- 5.3 If there were claims you did not file with the ONAP, please explain why: \_\_\_\_\_

Section 6: SUMMARY OF CLAIMS

- 6.1 If your claims above include denial of an employment position, was the employment position located on the Mashantucket Pequot Tribe’s Reservation?  Yes  No  I do not know
- 6.3 Provide a summary of what you believe was not in compliance with the Preference Law (*Identify who, what, when, where, and why a violation*).

If you attached additional pages, how many? \_\_\_\_\_

**Claimant’s Understandings, Authorizations and Certification:**

I understand that I am responsible for reviewing and complying with the MERO’s rules, regulations 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 and to the MPTN Office of Native American Preference.

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 during this case before the MERO, 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 provision of 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 or affiliation as spouse or adopted child, 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.

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 (Original, physical, wet, ink signature)

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

**Date Filed:**

**Docket Number:**