Mashantucket Pequot Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE

Claim of Violation Against Non-Tribal Employer

For Claim under Ch. 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 not the Mashantucket Pequot Tribe.

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

If the Employer has a complaint process and you have not raised an issue with the employer 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. **All questions must be answered!** If you need assistance, please contact the MERO at 860-396-6508.

Section 1: CLAIMANT INFORMATION					
1.1 Full Name (Print):		1.2 E-mail:			
1.3 Home Address:		1.4 Mailing Address (if differe	nt from home address):		
1.5 Best Phone Number:		1.6 Alternate Phone Number:			
1.7 Please indicate your membership in a federally i	ecognized Native A	American tribe:	1.8 Enrollment Number		
Mashantucket (Western) Pequot Tribal	Nation				
Other Tribe:(Print Name of Tribe)			1.9 Date of Birth		
(Print address of Tribe)					
Section 2: EMPLOYER INFORMATION					
2.1 Name of Employer's Business on Reservation:	2	.2 Employer Address on the Rese	ervation:		
2.3 Name of Employer Representative:					
2.4 Position of Employer Representative:	2.		ed by Employer on the Reservation:		
		Less than 5 5 or m	ore		
2.6 Employer Phone No.:	2.7 Employer E-m	nail:			
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 would 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					
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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			
4.1 I was not Hired Transferred Promoted into the position of			
4.1.a Was the position posted or advertised?			
4.1.b Did you apply for the position?			
4.1.c Were you minimally qualified for the position? \square Yes \square No \square I do not know			
4.2 I did not receive Training for the position of			
4.2.a Did the training exist at the time it was not offered to you? Yes No I do not know			
4.2.b Was the training available to other employees? Yes No I do not know			
4.2.c Did other employees receive the training? Yes I to not know			
4.2.d What training do you believe you were denied:			
4.3 I was Suspended Terminated at the time I held the position of			
4.3.a Were other employees also suspended or terminated at the same time? Yes No I do not know			
4.3.b What reason(s) did the Employer give for suspending or terminating your employment?			
☐ No reason was given ☐ Layoff ☐ Reduction in Force ☐ Disciplinary ☐ Other			
4.3.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?			
4.4 Was the opportunity/employment position identified above located on the Mashantucket Pequot Tribe's Reservation? Yes No ld onot know			
4.5 Provide the approximate date of the event you claim violated the law (if more than one event, please provide approximate date for each):			
4.6 Provide a summary of what you believe was not in compliance with the Law (Identify who, what, when, where, and why a violation?). If you attached additional pages, how many?			
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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.

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 further authorize the provision of this Claim to, and the release to the MERO of information from, the tribal clerk or other authorized authority of the federally recognized tribe in which I indicated membership. 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.

Page 3 of 3

Docket Number:

Date Filed: