



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 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:			1.8 Enrollment Number
<input type="checkbox"/> Mashantucket (Western) Pequot Tribal Nation <input type="checkbox"/> Other Tribe: _____ <small>(Print Name of Tribe)</small>			1.9 Date of Birth
_____			
<small>(Print address of Tribe)</small>			

#### 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:			
2.4 Position of Employer Representative:		2.5 Number of Employees Employed by Employer on the Reservation: <input type="checkbox"/> Less than 5 <input type="checkbox"/> 5 or more <input type="checkbox"/> I do not know	
2.6 Employer Phone No.:	2.7 Employer E-mail:		
2.8 Your relationship to the Employer is: <input type="checkbox"/> Employee (includes terminated employees) <input type="checkbox"/> Job Applicant			

#### Section 3: EMPLOYER COMPLAINT PROCESS

3.1 Did you file a complaint about your Preference Law claim with your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Employer does not offer a complaint process <input type="checkbox"/> Employer would not accept my complaint.	
3.2 If you filed a complaint with your Employer, what is the status of the complaint? <input type="checkbox"/> I have not received a decision <input type="checkbox"/> I received a decision <input type="checkbox"/> I do not know	



**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.

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Claimant's Signature (Original, physical, wet ink signature)

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Date

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**DO NOT WRITE BELOW THIS LINE**

Date Filed:

Docket Number: