

# Spokane Tribe of Indians TERO

## How to File a Charge of Discrimination

You may file a charge of discrimination at the Spokane Tribal TERO Office located in the Alfred McCoy Administration Building, 6195 Ford/Wellpinit Rd., Wellpinit, WA 99040. The Spokane Tribal TERO's authority to resolve complaints extends to allegations of discrimination (**by a contractor**) based on race, color, national origin, sex, age, or disability. If you believe you have been discriminated against (**by a contractor**) for any of these reasons, you may file a complaint.

### Filing in Person

It is always helpful if you bring with you to the meeting any information or papers that will help us understand your case. For example, if you are fired because of your performance, you might bring with you the letter or notice telling you that you were fired and your performance evaluations. You might also bring with you the names of people who know about what happened and information about how to contact them. Paperwork that will be helpful in assessing your complaint is as follows:

- Your name, address, and telephone number
- The name, address and telephone number of the employer / contractor you want to file a charge against.
- A short description of the events you believe were discriminatory (for example, you were fired, demoted, harassed).
- Dates of the events that took place.
- Why you believe you were discriminated against (for example, because of your race, color, religion, sex, national origin, age (40 or older), or disability).
- What actions you have tried to resolve the matter.
- What remedy you desire (for example, back pay, or reinstatement etc.).

### By Telephone

Although we do not take charges over the phone, you can get the process started over the phone. You can call the Spokane Tribal TERO Director, Richard Garry (509) 458-652.

Spokane Tribe of Indians  
TERO  
Complaint Form

Charging Party's Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone # Message #: \_\_\_\_\_

Complaint Against, Respondent Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone # Message #: \_\_\_\_\_

Type of Complaint (check all that apply) TERO Ordinance Violation ( ) Race ( )  
Color ( ) Sex (Including Pregnancy) ( ) Religion ( ) National Origin ( ) Equal Pay ( )  
Disability ( ) Age ( ) Other ( )

I.) Statement of alleged harm: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II.) Statement describing policy, practice, or alleged unlawful act: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III.) Charging Party alleges the individual and/or, respondent was in violation of  
and/or, reason they feel they were being discriminated against:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

