

Remedy that you are seeking:

Individuals with Pertinent Information (including contact information):

1. _____
2. _____
3. _____
4. _____
5. _____

Add remedies/documents of prior situational decision. Have you exhausted all of your procedures and policies? _____. Attach any documents pertaining to these decisions.

AUTHORIZATION OF RELEASE: I hereby authorize the release of my employment/contracting records from _____ to the TERO Office.

I believe the statements set forth in this complaint to be true and if found that I knowingly provided false information, I am subject to legal recourse. I understand by signing this compliant form, I authorize a TERO Representative to administer a full investigation regarding this compliant. I further understand that information disclosed or revealed through investigation will be held confidential to the extent that it does not pose conflict with any legal requirements, policies or provisions of the TERO Ordinance or Other Applicable Law.

Signature

Date

FOR TERO Commission USE ONLY:

Date & Time Received: _____

Received by: _____

Complaint Number: _____

Form Number: TERO 0801
Date Approved: 7/9/08