

DISCRIMINATORY EMPLOYMENT PRACTICES COMPLAINT

- **Bond:** If brought in the Gaming Disputes Court, cash bond or written bond or undertaking with Sureties subject to jurisdiction of Court is required, MTC § 3-132(a)(4).
- **Gaming Disputes Court filing fee \$300. Mohegan Tribal Court filing fee \$40. Fees payable to the Clerk of Mohegan Court System.**

A COMPLAINT IS HEREBY filed in the Mohegan Gaming Disputes Court Tribal Court pursuant to the Mohegan Discriminatory Employment Practices Ordinance, MTC § 4-21 *et seq.*, against the MTGA, MOHEGAN TRIBE and/or its hereinbelow identified governmental entity, agency, or instrumentality. The plaintiff alleges that he/she has been the object of a discriminatory employment practice as described therein, and requests the Court to order such relief as is proper and available under said Ordinance.

PLAINTIFF (Name and Address)	DEFENDANT (Name and Address) (Specify Plaintiff's Employer (Mohegan Tribe, Mohegan Tribal Gaming Authority, or other entity, agency or instrumentality))

IDENTIFICATION OF ALLEGED DISCRIMINATORY EMPLOYMENT PRACTICE

- I. Date of occurrence or event, or date Plaintiff first knew of occurrence or event out of which Complaint arose:
- II. Alleged basis/bases of Discriminatory Employment Practice (check all that apply)

<input type="checkbox"/> Race <input type="checkbox"/> Gender <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Pregnancy or related medical condition <input type="checkbox"/> Age <input type="checkbox"/> Ancestry <input type="checkbox"/> Marital Status <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Military Status <input type="checkbox"/> Genetic Information <input type="checkbox"/> Religion, Mental, or Physical Disability when reasonable accommodation is possible	Exercise of Rights under the following Mohegan Tribal Law: <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Mohegan Fair Labor Standards <input type="checkbox"/> Mohegan Family Medical Leave <input type="checkbox"/> Mohegan Employment Retirement Income Security <input type="checkbox"/> Mohegan Labor Relations	<input type="checkbox"/> Good faith participation in reporting an Employer's violation of a Mohegan Tribal law or regulation to a Mohegan Tribal or governmental or regulatory agency <input type="checkbox"/> Participation, when requested by a Mohegan Tribal governmental or regulatory agency in an investigation or hearing held by such agency
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EMPLOYMENT STATUS

- Individual whose development period has elapsed (if yes, complete below) YES NO
 Human Resource Process Utilized:(if yes, complete below) YES NO
- Exhausted Not Exhausted

** It is the Claimant's responsibility immediately to notify the Clerk of the Court in writing of any change in telephone number, address, fax number or email address to which notices and other documents are to be served or sent.*

COMPLAINT
DISCRIMINATORY EMPLOYMENT PRACTICES

DESCRIPTION OF EVENT(S) OR OCCURENT(S) OUT OF WHICH THE ALLEGED DISCRIMINATORY EMPLOYMENT PRACTICE(S)
AROSE:
(Set forth below in numbered paragraphs. Use additional sheets as necessary)

[Empty box for description of event(s) or occurrence(s)]

Dated: _____

Signed By Claimant or
Claimant's Attorney: _____

FOR COURT USE ONLY

Application filed for Waiver of
Filing Fee (Attached)

Filing Fee Paid

_____ Date

_____ Time