



Ute Tribe Employment Rights Office

UTERO Commission

P.O. Box 400

Fort Duchesne, UT 84026

Phone: (435) 725-7086

utero@utetribes.com

COMPLAINT FORM

Date of Event: Time of Event:

Complainant:

Company/Employer and/or Supervisor:

Complaint (Who, When, Where & How): _____

The above statement is true and correct to the best of my knowledge:

Name (Print)

Name (Sign) Or E-Sign

Date