PECHANGA TRIBAL COURT
Pechanga Band of Indians
P.O.Box 1477
Temecula, CA. 92592
Telephone (951) 954-6534

IN THE MATTER OF:

Claimants Information:

Name:

Address:

City/State:

Zip Code:

Email:

Phone:

CLAIM- PECHANGA EMPLOYMENT CLAIMS ACT

Case #:

Directions:

If you would like Pechanga Tribal Court to consider your Claim under Pechanga Employment Claims Act, complete this form and email it to: courtclerk@pechanga-nsn.gov or mail it to: Post Office Box 1477, Temecula, CA 92593. Attach any and all documents to support your case to the email address provided.

ALLEGATION(S):

First Date of Harm:

Last Date of Harm:

I allege that I experienced: ☐ **Discrimination** ☐ **Harassment** ☐ **Retaliation** ☐ **Other**

Detailed Description of Alleged Harm and Supporting Information (attach additional sheets as needed):

COMPLAINANT'S REPRESENTATIVE

Do you have an attorney who agreed to represent you in this matter? ☐ Yes ☐ No

If yes, please provide the attorney's contact information:

Name: Firm Name:

Phone: Email:

Address: City/State/Zip:

Signed: Date:

ADDITIONAL INFORMATION (anything you want the court to know):