

Mashantucket Pequot Tribal Nation Request for Meeting with Tribal Council

Please complete this form and return to: MPTN Tribal Council Secretary's Office P.O. Box 3060 Mashantucket, CT 06338 Or fax to 860-396-6595

CONFIDENTIAL

Date of Request:							
Name: Address: City/State: Zip Code:	Alternate ⁻	Telephone: Alternate Telephone: Email Address:					
Is this matter: Personal If not employment related, please go to summar If this matter is employment related, please list y Place of Employment:	ry of request.	Business Opport	unity	Othe	r		
Has chain of command been followed?			Yes	■No			
Check all that apply. Immediate Supervisor Manager	☐Dept. Head	cos		Comr	nittee		
Are you eligible for a Board of Review? Have you ever filed a complaint with Human Res If yes, who did you contact?	sources or a resprese	Yes ntitve?	No	Unsu	re 🗖		
If action was taken, what was the outcome?							
Have you contacted the Office of Native America Have you contacted MERO?	an Preference?	Yes Yes	□ No □ No				
Summary of Request: (Please provide full detail)							
		Initia					

Please descr	ibe steps/actions alrea	dy taken:							
Do you have	supporting documenta	ation?					Yes	□No	
Recommend	ation for Consideration	n:							
	I acknowledge that I h	ave receiv	ed and read	the proces	s and prod	edures for	· meetinį	g with	
(TM Initials)	Tribal Council.								
	Print Name	•	Signature			_	Date:		

	For Office (Jse Only	
	Office of Tribal Co	uncil Secretary	
Date Received:	Receiv	ed By:	
	Attachments Received with F	Request: Yes No	
Copy distributed to ⁻	Tribal Council o <u>n:</u>	<u></u>	
Request forwarded	to:		
	Committee/Team: Chief of Staff Human Resources Legal Review MPGE	Non-Gaming Health Care Advisory Board Other:	
	COS/Department	/Committee Chair	
The finding to this m	natter was:		
Signature of Office or		Date:	