



MASHANTUCKET PEQUOT TRIBAL COURT
NOTICE OF APPEAL FROM DISCIPLINARY ACTION
(Pursuant to 8 M.P.T.L. ch. 1, "Employee Review Code")

Mashantucket Pequot
Tribal Nation
Tribal Court

<u>FOR COURT USE ONLY</u>
DOCKET NO. MPTC-CV-AA-

APPELLANT'S NAME:		
ADDRESS: <i>(Street and/or P.O. Box)</i>		
CITY	STATE	ZIP
TELEPHONE NUMBER: () _____ - _____	ADDITIONAL PHONE / FAX NUMBERS: <i>(Optional)</i>	
EMPLOYEE'S NAME:		
ADDRESS: <i>(Street and/or P.O. Box)</i>		
CITY	STATE	ZIP
TELEPHONE NUMBER: () _____ - _____	ADDITIONAL PHONE / FAX NUMBERS: <i>(Optional)</i>	
(FORMER) EMPLOYEE NUMBER:		
(FORMER) POSITION TITLE:		
TYPE OF EMPLOYEE: <i>(Check as applicable.)</i>		
<input type="checkbox"/> GAMING ENTERPRISE EMPLOYEE (Foxwoods or MGM Grand) Department:		
<input type="checkbox"/> TRIBAL GOVERNMENT – Division/Department:		
DISCIPLINARY ACTION APPEALED FROM: <i>(Check as applicable.)</i>		
<input type="checkbox"/> TERMINATION		
<input type="checkbox"/> SUSPENSION FOR MORE THAN FIVE (5) DAYS		
DATE ON WHICH YOU RECEIVED THE "FINAL DECISION" FROM THE BOARD OF REVIEW:		
DATE OF BOARD OF REVIEW HEARING:		
DATE OF BOARD OF REVIEW DECISION:		
IF YOU ARE SEEKING A REVIEW OF A VIOLATION(S) OF PROCEDURAL DUE PROCESS RIGHTS, AS DEFINED IN 8 M.P.T.L. CH. 1, SECTION 3D, PLEASE PROVIDE THE FOLLOWING INFORMATION ON A SECOND PAGE TO THIS NOTICE OF APPEAL:		
A) DATE OF DISCIPLINARY ACTION;		
B) EACH AND EVERY SPECIFIC PROCEDURAL ERROR WHICH THE EMPLOYEE CLAIMS CONSTITUTES A VIOLATION OF THE EMPLOYEE'S PROCEDURAL DUE PROCESS RIGHTS, SPECIFYING THE DATE ON WHICH SUCH ACT OCCURRED AND WHO COMMITTED SUCH ACT;		
C) THE INJURY SUFFERED BY THE EMPLOYEE DUE TO THE ALLEGED VIOLATIONS OF PROCEDURAL DUE PROCESS RIGHTS.		

SIGNATURE _____ **DATE** _____

MASHANTUCKET PEQUOT TRIBAL COURT
NOTICE OF APPEAL FROM DISCIPLINARY ACTION
(Pursuant to 8 M.P.T.L. ch. 1, "Employee Review Code")



Mashantucket Pequot
Tribal Nation
Tribal Court

Page 2 of 2

<u>FOR COURT USE ONLY</u>		
DATE NOTICE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED:		FILING DATE:
CERTIFIED MAIL RECEIPT NO.:		
DATE RETURN RECEIPT RECEIVED:		
DATE CERTIFICATION RECEIVED:		