



**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

FOR COURT USE ONLY

**DOCKET NO. MPTC-CV-AA-**

<b>APPELLANT'S NAME:</b>		
<b>ADDRESS:</b> (STREET AND/OR P.O. BOX)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>TELEPHONE NUMBER:</b> ( ) -	<b>ADDITIONAL PHONE / FAX NUMBERS:</b> (OPTIONAL)	
<b>EMPLOYEE'S NAME:</b>		
<b>ADDRESS:</b> (Street and/or P.O. Box)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>TELEPHONE NUMBER:</b> ( ) -	<b>ADDITIONAL PHONE / FAX NUMBERS:</b> (OPTIONAL)	
<b>(FORMER) EMPLOYEE NUMBER:</b>		
<b>(FORMER) POSITION TITLE:</b>		
<b>TYPE OF EMPLOYEE:</b> (Check as applicable.) <input type="checkbox"/> GAMING ENTERPRISE EMPLOYEE (Foxwoods or MGM Grand) Department: <input type="checkbox"/> TRIBAL GOVERNMENT – Division/Department:		
<b>DISCIPLINARY ACTION APPEALED FROM:</b> (Check as applicable.) <input type="checkbox"/> TERMINATION <input type="checkbox"/> SUSPENSION FOR MORE THAN FIVE (5) DAYS		
<b>DATE ON WHICH YOU RECEIVED THE "FINAL DECISION" FROM THE BOARD OF REVIEW:</b>		
<b>DATE OF BOARD OF REVIEW HEARING:</b>		
<b>DATE OF BOARD OF REVIEW DECISION:</b>		
<b>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:</b> <b>A) DATE OF DISCIPLINARY ACTION;</b> <b>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;</b> <b>C) THE INJURY SUFFERED BY THE EMPLOYEE DUE TO THE ALLEGED VIOLATIONS OF PROCEDURAL DUE PROCESS RIGHTS.</b>		

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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DATE NOTICE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED:		FILING DATE:
CERTIFIED MAIL RECEIPT NO.:		
DATE RETURN RECEIPT RECEIVED:		
DATE CERTIFICATION RECEIVED:		