

➔ **IMPORTANT!! PLEASE READ ALL INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

State of Wisconsin
Department of Workforce Development
Equal Rights Division

**Discrimination Complaint
Fair Employment**

ERD Case #

TYPE OR PRINT IN BLACK INK

1. **Your name**, street address, city, state, ZIP code:

2. **Respondent Name** (Business name or labor organization you believe discriminated against you. Include street address, state and ZIP code.) If there is more than one respondent, list each separately.

Your Phone Number (include area codes):

Home ()

Work ()

Respondent Phone Number
(include area code): ()

3. Your complaint may be filed with another agency unless you write "no" here. See #3 on reverse side for more details. _____

4. County where employment is located:

5. What law do you believe was violated? Fair Employment Other (which law?)

6. **BASIS:** You must list a basis for your complaint. (For example: "sex-female," "race-African American," "handicap-visual impairment," "age-58," etc.)

What is the **basis** for your complaint?

7. **STATEMENT:** What did the respondent do?
List each action you believe was discriminatory. (For example: I was terminated, not hired, disciplined more harshly, retaliated against, etc.) Then, say why you believe you were treated differently because of the basis you listed above.

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8. **DATES:**
When did the above action(s) first happen? (mo/day/yr)
On what date did it last happen? (mo/day/yr)

9. By my signature below, I acknowledge that I have read the complaint; that to the best of my knowledge, information and belief the complaint is true and correct; and that the complaint is not being used for any improper purpose such as to harass the party against whom the complaint is filed.

For Office Use

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Signature of complainant or authorized representative

DISCRIMINATION COMPLAINT INSTRUCTIONS--WHAT IS COVERED AND HOW TO FILE

Your complaint must be filed within **300 days** of the action that you believe was discriminatory.

To accept your case, the Division must have certain information. **Make sure you carefully follow the instructions outlined below.** The numbers on these instructions match the numbered sections on the front of this form.

- 1. COMPLAINANT.** You must write your legal name, address and telephone number.
- 2. RESPONDENT.** You must provide the complete name, address and telephone number of the business or labor organization that the charge is being filed against. Generally, the respondent should be the business or company name. If there is more than one respondent, list each separately.
- 3. REFERRALS.** We have a work sharing agreement with the US Equal Opportunity Commission (EEOC) for laws prohibiting discrimination in employment because of a person's age (40+), race, creed, color, sex, national origin or disability. We will handle your complaint if it is initially filed with us. We will also refer your complaint to EEOC if your charge is filed on one or more of the above bases. The City of Madison Equal Opportunities Commission (MEOC) administers a local fair employment ordinance. They will be notified of your complaint if the respondent is located within Madison's city limits.
- 4. COUNTY.** You must write the name of the county where the employment is located.
- 5. WHAT LAW DO YOU BELIEVE WAS VIOLATED?** Check the appropriate box. Most complaints will fall under the fair employment law. However, persons who believe they were retaliated against under the Public Employee Health & Safety Law, the Employee Right to Know Law or the Elderly Abuse Law and those who feel they were discriminated against because of their physical condition or developmental disability with regard to post secondary education, may also file a complaint under the "Other Law" category.
- 6. BASIS.** You must give a basis for your complaint. The Wisconsin Fair Employment Act prohibits making an employment related decision or harassing a person on the following bases:

- | | | | |
|------------|-------------------|----------------------|---------------------|
| ▷ RACE | ▷ NATIONAL ORIGIN | ▷ ARREST RECORD | ▷ MEMBERSHIP IN THE |
| ▷ COLOR | ▷ AGE (40+) | ▷ CONVICTION RECORD | MILITARY RESERVE |
| ▷ CREED | ▷ SEX | ▷ MARITAL STATUS | ▷ USE OR NONUSE OF |
| ▷ ANCESTRY | ▷ DISABILITY | ▷ SEXUAL ORIENTATION | LAWFUL PRODUCTS |

Under fair employment and labor standards laws, a person may not be retaliated against for filing a complaint, testifying or otherwise assisting in an investigation or because a person attempted to enforce a right under these laws. Retaliation against a person who opposes discrimination under the fair employment law is also illegal, as is retaliation by an employer who believes that an employee is engaged or may be engaged in certain activities under labor standards laws.

Use of genetic testing or honesty testing devices in employment is also restricted.

- 7. STATEMENT.** There is no set formula for stating a charge of discrimination. However, each action or incident that you believe was discriminatory should be listed in this section. Whenever possible and for each action or incident, you should describe: Who discriminated against you, what happened, when it happened, where it happened and why you believe it was discriminatory.
- 8. DATES ACTION OCCURRED.** Give us the first and last dates you believe discrimination occurred.
- 9. YOUR SIGNATURE:** Make sure you or your representative sign the form.

Mail your COMPLETED and SIGNED complaint to one of the following Equal Rights Division offices:

Equal Rights Division
201 E. Washington Avenue
PO Box 8928
Madison, WI 53708

Telephone: (608) 266-6860
FAX: (608) 267-4592
TDD: (608) 264-8752

Equal Rights Division
819 North 6th Street
Room 255
Milwaukee, Wisconsin 53203

Telephone: (414) 227-4384
FAX: (414) 227-4084
TDD: (414) 227-4081

The Department of Workforce Development does not discriminate on the basis of disability in the provision of services. Deaf, hearing or speech impaired callers may reach us at one of the above TDD numbers.

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION

➔For effective complaint handling, please complete and return the following information with your complaint.

Your Full Name (last, first, middle initial) Today's Date

Social Security Number * * Not mandatory - used only for internal identification, accessibility and accuracy of records within the Equal Rights Division.

WITNESSES: Please include the names, home addresses and telephone numbers of persons who know what happened to you or may have seen, heard or experienced treatment similar to yours. Witnesses are not character references. They are people who have relevant information about your complaint and are willing to cooperate in the investigation.

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AVAILABILITY: Please note below how you can be reached. (Important! You must notify the Department if you change your address or phone number. If we are unable to locate you, your complaint may be dismissed.)

1. What days and times are you usually available to discuss your complaint?
2. Is there a phone where we can reach you during the day? If so, please provide the area code and number: ()
3. In case we cannot reach you, please provide the name, address and phone number of a person who does not reside with you but will always know where you live and how to reach you:
NameAddress.....
City, State, ZIP.....Telephone ()

SETTLEMENT INFORMATION: Complete applicable spaces below if terminated or not hired or promoted:

If Terminated: ➔ Job Title at Termination Rate of Pay at Termination Hours worked weekly
If Not Hired or Promoted: ➔ Position Applied For Rate of Pay Hours Per Week Present Job Title

At this time, what would you accept to settle your complaint? (Note: If discrimination is proven under state law you may recover lost pay related to the discrimination, attorney fees, reinstatement and related remedies. If discrimination is shown under federal law, additional damages may be available.)

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COMPLAINT INFORMATION: Have you filed this charge with any other agency? Yes No

If so, name of agency:..... Date filed:

EMPLOYER INFORMATION:

Type of Business.....

Approximate number of employees at all locations: Less than 15 101 to 200 More than 500
15 to 100 201 to 500

STATISTICAL INFORMATION: You Are: Male Female Date of Birth:
African-American (Black) White Nonhispanic Asian/Pacific Islander
Native-American/Aleutian Hispanic Multiple-Race (check boxes)
Other (specify)

SUGGESTIONS FOR DRAFTING YOUR STATEMENT (Item 7. of the complaint)

There is no set formula for how you must state a charge of discrimination. However, if you use the following suggestions, your complaint can be processed more easily. Whenever possible and for each alleged incident of discrimination you should describe: **Who** discriminated, **what** happened, **when** did it happen, **where** did it happen and **why do you believe** it was discriminatory?

With respect to any type of discrimination (except failure to hire), it is helpful if you start your statement by identifying your position, your dates of employment with the respondent and your immediate supervisor. A brief description of your job duties would also help.

If your complaint is about:

TERMS, PRIVILEGES OR CONDITIONS OF EMPLOYMENT (e.g. Discipline, discharge, demotion, etc)

- What adverse action was taken against you, when, and by whom? (Provide documents, if available)
- What reasons were given to you for the adverse action, and by whom?
- Why do you believe this action was discriminatory? (For example, who has done the same thing as you, but was treated more favorably?)
- If you were discharged or disciplined, provide a copy of any written notices you received

FAILURE TO HIRE OR PROMOTE

- What position did you apply for, and when did you apply?
- Were you given an interview? If so, when were you interviewed and by whom?
- As best you can, describe the job duties, education or work experience required for the position and why you believe you are qualified for the position.
- What reasons were given to you for not being hired or promoted? (If available, provide any documents)
- Who was hired (or promoted)? Why do you believe hiring this person, rather than you, was discriminatory?

FAILURE TO MAKE A REASONABLE ACCOMMODATION FOR A DISABILITY

- What is your disability?
- If you requested an accommodation, what was requested, when did you make the request and who did you make the request of?
- If your request was denied, who denied it, when, and what reason was given for the denial? (Provide documents if available)
- Did the employer offer another alternative for accommodation? If so, please describe their offer

RETALIATION

- Are you charging retaliation under the Fair Employment Law, the Family & Medical Leave Law or under a Labor Standards Law?
- What did you do that you feel is protected from retaliation? When did you do it?
- Identify each retaliatory act taken against you, the date(s) they occurred and who the retaliator was?

HARASSMENT AGAINST YOU BECAUSE OF YOUR PROTECTED CLASS

- Describe each incident of harassment, the date(s) and who committed them. (What was said or done?)
- Why do you believe you were harassed because of your membership in a protected class?
- Did you notify someone in management about the harassment? If so, who did you talk to and when?
- What did management do after you notified them of your concerns? (Provide any documents you might have available regarding the harassment, your notification and management's response)

Please write clearly or type if possible