

Discrimination Complaint Fair Housing

ERD Case #
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For Office Use

**Important!! Please Read All Of The Instructions On Page 3 Before Starting
Type Or Print In Black Ink**

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

1. Complainant Information

2. Respondent Information

Last Name			Name of the housing provider you believe discriminated against you. If more than one respondent, list each separately on extra sheet.		
First Name					
Initial					
Street Address					
City	State	Zip Code	Street Address		
Home Telephone Number ()			City	State	Zip Code
Work Telephone Number ()			Telephone number ()		

3. Your complaint may be filed with another agency unless you check "no" below

<input type="checkbox"/> Yes	See #3, in the instructions page, for more details
<input type="checkbox"/> No	

4. County in which the discrimination occurred?

Name of County

5. BASIS: You must list a basis for your complaint. (For example: "sex-female," "race-African American," "disability-visual impairment," "sexual orientation-homosexual," etc

What is the basis for your complaint

Discrimination Complaint Instructions--What Is Covered and How to File

If you believe you have been discriminated against in violation of the Fair Housing Law, you may file a complaint with DWD's Equal Rights Division. Your complaint must be filed within **one year** 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 housing provider or person that this charge is being filed against. If the respondent is a housing provider, the name of the property owner should be used. If you are not sure who the owner is, you might obtain this information from the manager or realtor. You might ask your local municipal assessor to tell you who pays the taxes on the property. If there is more than one respondent, list each separately.
- 3. Referrals:** The City of Madison Equal Opportunities Division (MEOD) administers an ordinance similar to state law. The Equal Rights Division will handle your complaint if it is initially filed with us, but we will also refer your complaint to MEOC if the housing is located within Madison's city limits. Your complaint may also be sent to other Fair Housing agencies.
- 4. County:** You must write the name of the county where the housing is located.
- 5. Basis:** You must give a basis for your complaint. The Wisconsin Fair Housing Act prohibits discrimination in the rental and sale of housing on the following bases.
 - ▷ RACE
 - ▷ RELIGION
 - ▷ SEX
 - ▷ MARITAL STATUS
 - ▷ STATUS AS A VICTIM OF DOMESTIC ABUSE, SEXUAL ABUSE OR STALKING
 - ▷ COLOR
 - ▷ AGE (18+)
 - ▷ SEXUAL ORIENTATION
 - ▷ FAMILY STATUS
 - ▷ ANCESTRY
 - ▷ DISABILITY
 - ▷ NATIONAL ORIGIN
 - ▷ LAWFUL SOURCE OF INCOME

Interference with or **retaliation** against any person exercising or assisting with a right granted or protected under the fair housing law is also prohibited.

- 6. Statement:** What was done? You should list each action that you feel was discriminatory. When describing a respondent's action in this section, the individual who took the action should be identified, if possible. Then, tell us why you believe this action was taken because of the basis you listed.
- 7. Dates Action Occurred:** Give us the first and last dates you believe discrimination occurred.
- 8. Your Signature:** Make sure you or your representative signs the form.

Mail your **Completed** and **Signed** complaint to one of the following Equal Rights Division offices:

EQUAL RIGHTS DIVISION
PO BOX 8928
MADISON WI 53708

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

EQUAL RIGHTS DIVISION
819 N 6TH ST ROOM 255
MILWAUKEE WISCONSIN 53203

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

Equal Rights Complaint Process Information

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

Complainant First Name	Complainant Middle Name or Initial	Complainant Last Name
Current Date	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy	

Availability: (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.)

What Days and times are you usually available to discuss your complaint?

Is there a telephone where we can reach you during the day?

Yes No

If so, please provide the area code and number: ()

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.

Name		Street Address	
City	State	Zip Code	Telephone Number ()

Settlement Information

At this time, what would you accept to settle your complaint?

Complaint Information

Have you filed this charge with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, name of agency?	Date Filed
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Statistical Information

Complainant Sex	
Complainant Race (check appropriate box or boxes)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> Unknown