

5. If you did not answer question 3 or answered NO to question 4 :

What action do you believe your employer thought you had taken or would take? Give approximate date when you believe your employer started thinking that. Give the name and title of the person who believed that. (For example: "Jane Doe, my supervisor" or "Pat Meadow, the Director of Nursing" or "Bill Maple, the Administrator", etc.)

6. Describe the employment action(s) your employer took because of what you did or because of what they thought you did or you would do. (For example: terminated me, disciplined me, demoted me, reduced my hours, etc.) If your employer took more than four employment actions, please describe on a separate sheet of paper and attach to this form.

a. First employment action:

Date taken:

b. Second employment action:

Date taken:

c. Third employment action:

Date taken:

d. Fourth employment action:

Date taken:

7. Certification And Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

Signature of complainant or authorized representative	Date Signed
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Mail Your Completed and Signed Complaint to One of The Following

**State of Wisconsin
Department of Workforce Development
Equal Rights Division**

201 E Washington Ave., Room A300
PO Box 8928
Madison WI 53708

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

819 N 6th St
Room 723
Milwaukee WI 53203

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

Website: <http://dwd.wisconsin.gov/er/>

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please answer the following questions and return this sheet with your completed complaint. We need this information to effectively process your complaint.

First Name	Middle Name	Last Name
Today's Date	Your Date of Birth (requested for identification purposes) (Month/day/year)	
If your job requires you to have a License or Certification (i.e. EMT, 1 st Responder) please indicate what it is. If not required, leave blank.		

Availability/Contact Information

Important! You must notify the Equal Rights Division if you change your address or telephone number. If we are unable to locate you, your complaint may be dismissed.

Is there a telephone number where you can be reached between 7:45 a.m. and 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the area code and number ()	
Please provide the name, address, and telephone number of a friend or relative who does not reside with you but who will know where you can be reached:	
Name of contact person	Relationship to you
Address	Telephone Number ()

Employer Information

Approximate number of employees at all work locations:	<input type="checkbox"/> Less than 15	<input type="checkbox"/> 15-100	<input type="checkbox"/> 101-200
	<input type="checkbox"/> 201-500	<input type="checkbox"/> More than 500	
Does another company own the Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	If yes, please provide the name of that company		

Settlement Information

Complete this section if you were (or still are) employed by Respondent:

When were you hired?	What is/was your job title?
Are you still employed by the respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Complete this section if you are no longer employed by the respondent:

How did your employment end? <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other		
The date your employment ended	Rate of pay at termination	Hours worked weekly
If you were not promoted, what was the title of the position you applied for?		
Rate of pay	Hours per week	
At this time, what are you seeking to settle your complaint?		

You will have an opportunity to provide more information during the investigation

Statistical Information: Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race (check appropriate box or boxes):		National Origin or Ethnic background (check one):
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Arab, Afghani or Middle Eastern
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other