State of Wisconsin
Dept. of Workforce Development
Equal Rights Division

Retaliation Complaint
Whistleblower Law for State of Wisconsin Employees
Section 230.80 Wisconsin Statutes

For office use only
ERD Case Number
CR

For office use only

Authorization for this form is provided under Section 230.85(2), Wisconsin Statutes.
Completion of this form is voluntary. However, if you wish to file a complaint of retaliation with the Equal Rights Division (ERD), you must submit a written document containing the information sought by this form. This information is used for the purpose of processing your complaint and maintaining the Equal Rights Division's records.
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]

Instructions -- Please Read Before Completing This Form

- Provide all information requested below. **TYPE OR PRINT IN BLACK INK.**
- You must sign this complaint **on page 2,** and fill out the Process Information Sheet on **page 3** before submitting your complaint to the Equal Rights Division.

1. Complainant Information:	**2. Respondent Information:**
Your First Name	Name of Respondent(s) (The agency you believe retaliated against you.) If there is more than one respondent, fill out this box with information about one Respondent. Use a separate sheet of paper to give the same information about the others and attach to this form.
Your Middle Name or Initial	
Your Last Name	
Your Street Address	
Your City	Respondent Street Address
Your State	Respondent City
Your Zip Code	Respondent State
Your Home Telephone Number (include area code):	Respondent Zip Code
Your Work Telephone Number (include area code):	Respondent Telephone Number (include area code):
May we call you at work? ☐ Yes ☐ No	County in Wisconsin where you worked:

3. What did you report in writing that you believe is protected by law? (For example: "disclosed information to my supervisor about mismanagement, contacted my legislator about a waste of public funds) Give the date of each action

4. To whom did you disclose information regarding this information? Give the name, title and telephone number of the person you contacted. (For example: "Jane Doe, state legislator", "John Forest, my supervisor", etc.) Give the date of each action. What exactly did you say?
5. Describe the threat or the employment action(s) your employer took because of what you did (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**

Mail your completed and signed complaint to one of the following offices:

State of Wisconsin
Department of Workforce Development
Equal Rights Division

201 E. Washington Ave., Room A300
P O Box 8928
Madison, WI 53708
Telephone: (608) 266-6860
FAX: (608) 267-4592
TTY: (608) 264-8752

819 North 6th Street
Room 723
Milwaukee, WI 53203
Telephone: (414) 227-4384
FAX: (414) 227-4084
TTY: (414) 227-4081

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 or Initial	Last Name
Today's Date **11/6/2012**	Date of Birth (requested for identification purposes)	

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.? ☐ Yes ☐ No
If yes, provide the telephone 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
Street Address	City	State	Telephone Number

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? ☐ Yes ☐ No	
Complete this section if you are no longer employed by the respondent:	
How did your employment end? ☐ Discharged ☐ Quit ☐ Laid off ☐ Retired ☐ 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: ☐ Male ☐ Female		
Race (check appropriate box or boxes):		
☐ American Indian or Alaska Native	☐ Native Hawaiian or Pacific Islander	☐ Black or African American
☐ Asian	☐ White	☐ Unknown