

State of Wisconsin Department of Workforce Development Equal Rights Division	Discrimination Complaint Military Service and Emergency Worker Laws	ERD Case Number
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Authorization for this form is provided under Sections 103.88(5), 321.65(7) and 321.66(5), Wisconsin Statutes. 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
First Name
Middle Name
Last Name
Street Address/PO Box
City
State
Zip Code
Telephone Number (include area code) ()
Work Telephone Number (include area code) ()
Cell Phone and/or E-mail Address ()
May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
County in Wisconsin where you worked

2. Respondent Information
The Respondent is the employer you believe violated the law. State the name of the company or business. Do not state the name of any individuals. If there is more than one employer involved, please use a separate sheet of paper to give the same information about the others. Attach separate sheet(s) to this form.
Name
Street Address/PO Box
City
State
Zip Code
Telephone Number (include area code) ()
What type of business is the Respondent?
County in Wisconsin where the employer is located

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3. Please check which applies to you:

- I am a volunteer firefighter, emergency medical technician, first responder or ambulance driver.
- I am a member of the Civil Air Patrol.
- I sought re-employment after National Guard, state defense force or public health emergency service.
- I am prosecuting this complaint on behalf of someone who was denied re-employment rights or benefits after National Guard, state defense force or public health emergency service.

That individual's name is _____

Other _____

4. What employment action was taken that you believe violates the law?

- My right to be absent from work to respond to an emergency was interfered with, restrained or denied by the Respondent.
- The Respondent discriminated against me or discharged me for responding to an emergency.
- My right to take a leave of absence to participate in an emergency service operation was interfered with, restrained or denied by the Respondent (for members of Civil Air Patrol).
- The Respondent discriminated against me or discharged me for taking a leave of absence to participate in an emergency service operation (for members of Civil Air Patrol).
- I was denied a re-employment right or benefit after my service in the National Guard, state defense force or public health emergency service.
- The Respondent discharged or discriminated against me (or the person on whose behalf I am prosecuting this complaint) because I opposed a practice prohibited under the law, filed a complaint or attempted to enforce a right under this section, or testified or assisted in any action or proceeding to enforce any right under sec. 103.88, 321.65 or 321.66, Wisconsin Statutes.

Briefly explain the employment action the Respondent took against you. Include dates, names and titles of individuals who were involved, and the reason why you feel that the Respondent's actions violated the law (You may attach up to one page if necessary).

5. Certification and Signature

By signing this complaint form, I certify that I have read the complaint. Under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief. I also agree to advise the Equal Rights Division of any change in my address or contact information. I understand that my failure to do so may result in the dismissal of my complaint if the Equal Rights Division is unable to reach me.

Complainant or Authorized Representative Signature

Date Signed

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 North 6th Street
Room 255
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	Last Name
Today's Date	Date of Birth (Month/Day/Year) (This is requested for identification purposes.)	
If your job requires you to have a License or Certification (e.g., EMT, 1 st Responder) please indicate what it is. If not required, leave blank.		

(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

If you know, please list the Respondent's corporate office, parent or leasing company

Settlement Information

Complete this section if you were (or still are) employed by the 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
At this time, would you be willing to discuss settlement with the Respondent? If so, what do you think would be an appropriate settlement?		

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

We need some information for statistical purposes. Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female		
What is your race, 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