

Instructions for Completing Your Statement of Discrimination:

Write a short, clear statement explaining how the Respondent (employer, agency, or union) discriminated against you. You cannot name more than one Respondent per complaint form. When writing your statement, please include the following:

- a) Give your job title and date of hire. If the company did not hire you, state the job(s) you applied for and the date you applied.
- b) Describe what happened that you think was discrimination. If you were harassed, identify the harasser(s) and describe what was done to you. If you complained to the company, identify the person(s) you complained to and describe the company response to your complaint(s). Include the date(s), if known. If you were fired or were forced to quit due to a discriminatory reason make this clear in your statement.
- c) For **each box** you checked, in section #3, explain why you think the employer's actions to you were motivated by the action checked. If you checked the 'disability' box you must identify the medical name of your disability. **If you checked the 'I opposed discrimination in the workplace' box you must explain how your employer retaliated against you for making an internal complaint about discrimination based on any of the boxes in section #3.** Retaliation because you complain about anything not connected to a box is not addressed by discrimination law.
- d) If other employees in similar situations were treated better than you were, please give their names, state what happened to them and describe how they differ from you in terms of the box(es) you checked in section #3.
- e) If you need more space, please continue your statement on a separate piece of paper.
- f) Do not use whiteout to make corrections. Draw a line through errors and initial each change.
- g) You will have a chance to give the investigator more information during the investigation of your complaint. If you send supporting documents with your complaint do not refer to them in your statement.

If you have questions or if you need help completing this form, please call the Equal Rights Division at (414) 227-4380 (Milwaukee) or (608) 266-6860 (Madison) and ask to speak to a Civil Rights Investigator. We can help you complete the form.

For violations in Milwaukee, Waukesha, Ozaukee, Washington, Kenosha, Racine, Sheboygan and Walworth Counties, mail your completed and signed complaint to:

EQUAL RIGHTS DIVISION
819 N 6TH ST ROOM 723
MILWAUKEE WI 53203

For all other counties in Wisconsin:

EQUAL RIGHTS DIVISION
PO BOX 8928
MADISON WI 53708

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

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

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

Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed.)

Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the area code and telephone number ()
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Please provide the name, address, and telephone number of someone who does not reside with the Complainant but who will know where to reach the Complainant.

Contact Person Name	Relationship to the Complainant			
Street Address	City	State	Zip Code	Telephone Number ()

Employer Information

Approximate number of employees at all of the employer's 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	Type of Business
Does another company own the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	If yes, please provide the name of that company

Filing with other Agencies

Have you filed a complaint in this matter with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency	Date filed with the other agency
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Settlement Information

Complete this section if the Complainant was or still is employed by the employer.

When was the Complainant hired?	What was/is the job title?	Is the Complainant still employed by the Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complete this section if the Complainant is no longer employed by the employer.

How did the Complainant's employment end? <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other	Date Employment Ended	Pay Rate at End	Hours per Week
If the Complainant was not promoted, what was the title of the position applied for?		Rate of Pay	Hours per Week

At this time, what is the Complainant seeking to settle the complaint?

Statistical Information

Complainant Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
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
Complainant National Origin: _____		