WIOA Section 188 Complaint

INSTRUCTIONS: Use of this form is voluntary for individuals and entities seeking to file a discrimination complaint pursuant to 29 CFR § 38.9(a). Note, per 29 CFR § 38.69(c). This form should be completed and submitted within one hundred and eighty (180) days of the date of the alleged discriminatory act. Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. § 15.04(1)(m)].

### Complainant Information

<table>
<thead>
<tr>
<th>Complainant Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complainant Address (Street, P.O. Box)</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

### Respondent Information (the individual or entity that the complainant alleges is responsible for the violation or discrimination if alleged)

<table>
<thead>
<tr>
<th>Individual / Entity / Agency Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent Address (Street, or P.O. Box)</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Contact Person (if known)</td>
</tr>
</tbody>
</table>

3. Check all grounds of discrimination that apply and specify the characteristic

- [ ] Race
- [ ] Color
- [ ] Sex
- [ ] Pregnancy
- [ ] Childbirth and related medical conditions
- [ ] Sex stereotyping
- [ ] Transgender status
- [ ] Gender Identity
- [ ] Sexual Harassment
- [ ] Citizenship
- [ ] Disability
- [ ] Age
- [ ] Political affiliation or belief
- [ ] Religion
- [ ] Reprisal/Retaliation
- [ ] National Origin
- [ ] Limited English Proficiency
- [ ] WIOA Beneficiary Status
- [ ] Other
4. Briefly describe, as clearly as possible, the basis for your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your complaint.

   a. Please explain how you were discriminated against:

   ______________________________

   ______________________________

   ______________________________

   b. Who was involved? Include witnesses and representatives of the respondent who were involved or have first-hand information of the actions. Include email addresses and telephone numbers, if known.

   ______________________________

   ______________________________

   ______________________________

   c. List the location and date(s) each action occurred.

   ______________________________

   ______________________________

   ______________________________

5. The first date on which the alleged discriminatory action occurred: ______________________________

6. The most recent date the alleged discriminatory action occurred: ______________________________

7. Do you have an attorney or other representative for this complaint?  □ Yes  □ No

   If Yes, please provide contact information:

<table>
<thead>
<tr>
<th>Attorney or Representative / Firm Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Address (Street, P.O. Box)</td>
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<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

8. If you have filed a case or complaint about these allegations with any other government agency or non-federal entity, please complete the section below:

   I understand that this complaint may be subject to release under the Wisconsin Public Records Law.

   Complainant Signature  Date Signed

   Note: An electronic signature by you or your attorney is acceptable.

   Send the completed form to: DETEOContact@dwd.wisconsin.gov or Department of Workforce Development, Division of Employment & Training-EO, PO Box 7972, Madison WI 53707.

   For Office Use Only:

   Date Received  Case Number