

Case Number: _____

WIA Complaint Information

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Accuser Information

Name		Street Address		
City	State	Zip Code	Home Phone Number ()	Work Phone Number ()

Accused Information (List the person(s) and agency(s) accused)

Date of First Event	Date of Most Recent Event
Agency Name	Agency Name
Agency Contact Person	Agency Contact Person
Accused Name(s)	Accused Name(s)
Address (number, street, city, state, zip code)	Address (number, street, city, state, zip code)
Phone Number	Phone Number

Complaint Details

<p>Attach a sheet which tells why you are complaining. Include which WIA laws and rules, grants or other agreements you think have been violated. Include all facts. List all people involved, including legal counsel or other representatives. Tell us if you have filed the complaint with any other government agency. If so, when, where and what happened? Attach copies of earlier decisions and any other facts about your case.</p>

Complaint Information

Have you tried to solve your complaint at the local level? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
What date did you file, or try to file a written complaint with the accused? / / /	Have 60 days passed since you filed or tried to file your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of final decision, if any: / / /	Did you receive a final decision in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the final decision.

Complainant Signature	Date Signed
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