

Retaliation Complaint Employee Right to Know About Toxic Substances or Infectious Agents on the Job (Section 101.58 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 Initial		
Last Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number ()		
E-Mail Address		
May we call the Complainant at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Telephone Number () Ext.		

2. Respondent Information

The company , agency, or union you believe discriminated against you. Name only ONE Respondent per form. Do not name an individual person as Respondent.		
Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number () Ext.		
In what Wisconsin county did the violation take place?		

3. What did you do that you believe is protected by law? (For example: "Asked for information about a toxic substance or infectious agent", "refused to work with a toxic substance because information was not received", etc.) Give the date of each action (month/day/year).

Authorization for this form is provided under Section 101.595(2), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint of retaliation with the Equal Rights Division, 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.

For Office Use Only

4. If you answered question 3, did you talk, write, or send an Email to someone about the toxic substances or infectious agents developmental disability? Yes No

Give the name, title, and telephone number of the person you contacted.

Give the date of each action.

What exactly did you say?

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5. Describe 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.

<p>a. First employment action:</p> <p>Date taken:</p> <p>b. Second employment action:</p> <p>Date taken:</p> <p>c. Third employment action:</p> <p>Date taken:</p> <p>d. Fourth employment action:</p> <p>Date taken:</p>

6. 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. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Signature of complainant or authorized representative	Date signed
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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
PO Box 8928
Madison, WI 53708-8928
Telephone: (608) 266-6860
FAX: (608) 267-4592
TTY: (608) 264-8752

819 N 6th St
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	Last Name
Today's Date	Your Date of Birth (requested for identification purposes) (month/day/year)	

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.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the telephone number including the area code. ()	
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 including the area code ()
Approximate number of employees at all 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 than 500
Does another company own the Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> don't know	If yes, please provide the name of that company.

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? <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		
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? <hr/> <hr/>	

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: _____		