

Authorization for this form is provided under Wis. Stat. § 111.39(1).

Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. § 15.04(1)(m)].

READ Instructions on page 3 first, then follow the instructions provided throughout the complaint form. TYPE OR PRINT IN BLACK INK.

You must sign this complaint **on page 2**, and fill out the Process Information Sheet on **page 4** 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 (include area code)		
E-Mail Address		

2. Respondent Information

This is 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 (include area code)		
In what Wisconsin county did the violation take place?		

3. Did you file one of the below listed complaints with this Division. Or, did you testify or assist with one of the below listed complaints that has been filed with this Division? Or, did your employer believe that you filed, or would file, one of the below listed complaints with this Division? If so, check the box of the type of complaint that applies. If not, do not complete this form. You may contact the division at (608)266-6860 or (414)227-4380 if you have questions or need assistance filing a complaint.

Laws protected by Section 111.322(2m)	
<input type="checkbox"/> Unpaid Wage Law	<input type="checkbox"/> Family & Medical Leave Law
<input type="checkbox"/> Illegal Wage Deduction Law	<input type="checkbox"/> Health Care Worker Protection Law
<input type="checkbox"/> Minimum Wage Law	<input type="checkbox"/> Employee Right to Know Law
<input type="checkbox"/> Overtime Law	<input type="checkbox"/> Bone Marrow and Organ Donation Leave Law
<input type="checkbox"/> Open Personnel Records Law	<input type="checkbox"/> Social Media Law
<input type="checkbox"/> Employment of Minors Law	<input type="checkbox"/> Business Closing Notification Law
<input type="checkbox"/> Public or Tribal Employees Reporting Fraudulent Activities Law	<input type="checkbox"/> Traveling Sales Crew Law
<input type="checkbox"/> Cessation of Healthcare Benefits Notification Law	

4. If you filed a complaint, when did you file it?

5. If there was a case number assigned, what is the case number?

6. Did you testify or assist with that case or in another Equal Rights Division case?

Yes No

a. If yes, what were the names of the parties involved?

b. When did this occur?

c. If yes, how did you assist or what did your testimony concern?

7. If your employer believed that you would file, or had filed, a complaint, explain why.

8. Describe the employment action(s) your employer took because of what you did, or because of what they thought you did or you would do. (For example, "discharged me," "disciplined me," "demoted me," "reduced my hours," etc.). If your employer took more than three employment actions, please describe on a separate sheet of paper and attach to this form.

a. First employment action:

Date taken:

b. Second employment action:

Date taken:

c. Third employment action:

Date taken:

9. If applicable, please provide the date your employment was terminated.

10. 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

Mail Your Completed and Signed Complaint

For violations in Milwaukee, Waukesha, Ozaukee, Washington, Kenosha, Racine, Sheboygan and Walworth Counties, mail your completed and signed complaint to: EQUAL RIGHTS DIVISION, PO BOX 7997, MADISON, WI 53707-7997

For all other counties in Wisconsin: EQUAL RIGHTS DIVISION, PO BOX 8928, MADISON, WI 53708-8928

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

Instructions for Completing Your Statement of Discrimination:

1. This form is intended for retaliation claims alleged under § 111.322(2m) of the Wisconsin Fair Employment Law. Retaliatory actions prohibited by § 111.322(2m) include: discharging or otherwise discriminating against an employee because the employee filed a complaint, formally attempted to enforce a right, or testified or assisted in any action under the following laws - or because the employee's employer believed that the employee did or would file a complaint, formally attempt to enforce a right or testify or assist in an action under the following laws:
 - a) Wage Claim Law (Wis. Stat. § 109.03)
 - b) Overtime Law (Wis. Stat. § 103.02)
 - c) Illegal Wage Deduction Law (Wis. Stat. § 103.455)
 - d) Minimum Wage Law (Wis. Stat. § 104.12)
 - e) Employment of Minors Laws (Wis. Stat. §§ 103.28, 103.32, & 103.63-103.82)
 - f) Wisconsin Family and Medical Leave Law (Wis. Stat. § 103.10)
 - g) Open Personnel Records Law (Wis. Stat. § 103.13)
 - h) Health Care Worker Protection Law (Wis. Stat. § 146.997)
 - i) Employee Right to Know Law (Wis. Stat. §§ 101.58 – 101.599)
 - j) Public or Tribal Employees Reporting Fraudulent Activities Laws (Wis. Stat. §§ 49.197(6)(d) & 49.485(4)(d))
 - k) Wisconsin Bone Marrow and Organ Donation Leave Law (Wis. Stat. § 103.11)
 - l) Social Media Law, as it pertains to Employers and Educational Institutions (Wis. Stat. §§ 995.55(1) & (2))
 - m) Mergers, Liquidations, Dispositions, Relocations or Cessation of Operations Affecting Employees Law – Advanced Notice Required Law (Wis. Stat. § 109.70)
 - n) Cessation of Health Care Benefits Affecting Employees, Retirees and Dependents Law (Wis. Stat. § 109.75)
 - o) Regulation of Traveling Sales Crew Law (Wis. Stat. § 103.34)

If you are alleging employment discrimination based on membership in a protected class (race, color, sex, age, disability, etc.), or retaliation because of your opposition to a discriminatory practice, you must complete form ERD-4206 (Discrimination Complaint, Wisconsin Fair Employment Law).

2. In filling out section #8, write short, clear statements explaining how the Respondent (employer, agency, or union) discriminated against you.
 - a) If you need more space, please continue your statement on a separate piece of 8 ½ x 11 paper.
 - b) Do not use whiteout to make corrections. Draw a line through errors and initial each change.
 - c) You will have a chance to give the investigator more information during the investigation of your complaint. Do not send supporting documents with your complaint.

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.

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	Middle Initial	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 you 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 you but who will know where to reach you.

Contact Person Name	Relationship to You			
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 than 500	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 were you hired?	What was/is 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 employer.			
How did the 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 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 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	
National Origin: _____			