

For office use only

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 two FIRST then type or print in black ink.

1. Complainant Information

First Name		
Middle Initial		
Last Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number		
E-Mail Address		

2. Respondent Information

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

3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

If you checked a box with an *, the statement in that box **must** be completed.

I believe the Respondent discriminated or took action against me **because**

<input type="checkbox"/> of my race * which is _____	<input type="checkbox"/> of my age (40 or older) * my date of birth is _____	<input type="checkbox"/> of my marital status * which is _____
<input type="checkbox"/> of my color * which is _____	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of my military service
<input type="checkbox"/> of my national origin/ancestry * which is _____	<input type="checkbox"/> of my arrest record	<input type="checkbox"/> of my use or nonuse of lawful products
<input type="checkbox"/> of my sex * which is _____	<input type="checkbox"/> of my sexual orientation * which is _____	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my creed (religion) * which is _____	<input type="checkbox"/> of polygraph testing
<input type="checkbox"/> of my disability * which is _____	<input type="checkbox"/> I declined to attend a meeting or to participate in a communication about religious matters or political matters.	<input type="checkbox"/> I filed a previous discrimination complaint with Equal Rights or testified or assisted with a discrimination complaint. Enter Case # CR _____
<input type="checkbox"/> I opposed discrimination in the workplace (refer to instruction 2(c) on page 2 of this form)		
<input type="checkbox"/> The Respondent printed or circulated, advertised or published a discriminatory statement	<input type="checkbox"/> The Respondent used a discriminatory application or made a discriminatory inquiry about prospective employment	

4. Dates of discrimination (Required; estimate if unsure)

Date the discrimination began? mm/dd/yyyy	Date of the most recent discrimination? mm/dd/yyyy
<input type="checkbox"/> My employment was terminated on _____ (if applicable)	

¹ This form covers discriminatory actions alleged under §§ 111.322(1), (2), and (3) of the Wisconsin Fair Employment Law. Discriminatory actions alleged under § 111.322(2m) must be filed using form ERD-18359, "Retaliation Complaint."

Instructions for Completing Your Statement of Discrimination:

1. This form is intended for discriminatory actions alleged under §§ 111.322(1), (2), and (3) of the Wisconsin Fair Employment Law. If you are alleging you were retaliated against, this form should only be used if you mean to allege your employer retaliated against you after you complained of discrimination, or filed a previous complaint with the Division. If you mean to allege your employer retaliated against you for any other reason, specifically, those reasons found at Wis. Stat. Sec. 111.322(2M) listed below, please use the "Retaliation Complaint" form (ERD-18359).
 - 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
2. Provide all information requested. TYPE OR PRINT IN BLACK INK. 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(s) you applied.
 - b) Describe the event 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 for 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 were motivated by the reason 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 other boxes in section #3.** Retaliation because you complain about anything not connected to one of these boxes is not addressed by the anti-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 8 ½ x 11 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.
3. Sign this complaint on page 3, and fill out the Process Information Sheet on page 4 before submitting your complaint to the Equal Rights Division.

If you have questions or if you need help completing this form, please call the Equal Rights Division at (414) 227-4384 (Milwaukee) or (608) 266-6860 (Madison) and ask to speak to a Civil Rights Investigator.

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 OR Fax to 414-227-4084

For all other counties in Wisconsin:

EQUAL RIGHTS DIVISION, PO BOX 8928, MADISON, WI 53708 OR Fax to: 608-327-6001

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

5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the **date** each action occurred and the **name** of the person who took the action. Explain how each action(s) was related to the box (es) you checked in section #3 on page one.

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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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Please complete Equal Rights Process Information Sheet on Page 4

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: _____			