

Discrimination Complaint
Wisconsin Fair Employment Law
 Wis. Stats. §§ 111.31-111.395

For office use only
ERD Case # CR

Authorization for this form is provided under Section 111.375, Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file an employment discrimination complaint with the Equal Rights Division (ERD), you must submit a written document containing the information sought in this form. Personal information you provide may be used for secondary purposes (s. 15.04(1)(m), Wisconsin Statutes)

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 ()	Email	
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(s) 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"/> my creed (religion) * which is _____	<input type="checkbox"/> of polygraph testing
<input type="checkbox"/> disability * which is: _____	<input type="checkbox"/> I declined to attend a meeting or 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?	Date of the most recent discrimination?	Date of termination (if applicable)?
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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.

You must complete a different complaint form for claims alleged under the anti-retaliation provisions found at Wis. Stat. § 111.322(2m) (*See the "Retaliation Under § 111.322(2m) Complaint"*).

You must fill out that form if you believe you were discharged or otherwise discriminated against because you filed or assisted with a complaint filed with the Equal Rights Division, because your employer believed that you did or would file or assist with a complaint filed with the Equal Rights Division, or because you attempted to, or your employer believed that you attempted or would attempt to formally enforce any right under any of the following laws: Wage Claims, Overtime, Minimum Wage, Wisconsin Family and Medical Leave, Open Records, Employment of Minors, Health Care Worker Protection, Employee Right to Know, Public or Tribal Employees Reporting Fraudulent Activities, Wisconsin Bone Marrow and Organ Donation Leave, or Social Media Protection.

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(s) that you think were 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 2 and fill out the Process Information Sheet on page 3 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 an Equal Rights Officer.

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 your completed and signed complaint to: 414-227-4084

For all other counties in Wisconsin: EQUAL RIGHTS DIVISION, PO BOX 8928, MADISON, WI 53708-8928 OR Fax your completed and signed complaint to: 608-267-4592

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

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 was related to the box(es) you checked in section #3 on page one.

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.

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
Today's Date	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy	

Contact Information (Important! You must notify the Equal Rights Division, if there is a change of 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. & 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 you were (or still are) employed by the respondent.			
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 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 Employment Ended	Pay Rate at End	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 from 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
Complainant National Origin: _____