

Discrimination Complaint Public Accommodation or Amusement

To be completed by ERD. ERD Case # CR
For Office Use

Important!! Please Read All Of The Instructions On Page 3 Before Starting

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

1. Complainant Information

Last Name	First Name	Initial
Street Address		
City	State	Zip Code
Home Telephone Number () -		
Work Telephone Number () -		

2. Respondent Information

Respondent name		
Street Address		
City	State	Zip Code
Respondent Telephone Number () -		

3. Your complaint may be filed with another agency unless you check “no” below.

Yes See #3, in the instructions page, for more details.

No

4. County in which the discrimination occurred?

Name of County:

5. BASIS: You must list a basis for your complaint. (For example: “sex-female”, “race-African American”, “disability-visual impairment”, “sexual orientation-homosexual”. (See page three for complete listing of bases).

What is the **basis** for your complaint?

Please go on to the next page

6. STATEMENT: What did the respondent **do**? List each action you believe was discriminatory. (For example: I was denied access or service, charged a higher than regular rate, etc.) Then, say **why** you believe you were treated differently because of the basis you listed above.

--

7. DATES: (month/day/year)

When did the above action(s) first happen?	On what date did it last happen?
--	----------------------------------

8. I hereby certify that the information I have provided on this form is true to the best of my knowledge. I understand that I must cooperate as required by the Equal Rights Division, and it is my responsibility to provide sufficient information to prove the claim is true. This complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law. Wisconsin law prohibits retaliatory action by an employer for most complaints filed with the Department. I understand there is no guarantee that the Equal Rights Division will accept my claim, and no guarantee that it will be able to collect upon it.

Signature of Complainant or Authorized Representative	Date Signed (month, day, year)	
Sworn To Before Me On (month, day, year)	My Commission Expires (month, day, year)	
Notary Public Signature (affix seal)		

Discrimination Complaint Instructions--What Is Covered and How to File

If you believe you have been discriminated against in violation of the Public Accommodation & Amusement Act, you may file a complaint with DWD's Equal Rights Division. Your complaint must be filed within **300 days** of the action that you believe was discriminatory.

To accept your case, the Division must have certain information. **Make sure you carefully follow the instructions outlined below.** The numbers on these instructions match the numbered sections on the front of this form.

- 1. Complainant:** You must write your legal name, address and telephone number.
- 2. Respondent:** You must provide the complete name, address and telephone number of the business or labor organization that the charge is being filed against. Generally, the respondent should be the business or company name. If there is more than one respondent, list each separately.
- 3. Referrals:** The City of Madison Equal Opportunities Commission (MEOC) administers an ordinance similar to state law. The Equal Rights Division will handle your complaint if it is initially filed with us, but we will also refer your complaint to MEOC if the public accommodation or amusement is located within Madison's city limits.
- 4. County:** You must write the name of the county in which the discriminatory action occurred.
- 5. Basis:** You must give a basis for your complaint. The Wisconsin Public Accommodation or Amusement Act prohibits discrimination in the provision of goods and services on the following bases:

**Race
Color
Creed**

**Ancestry
National Origin
Age (18+) in Lodging**

**Sex
Disability
Sexual Orientation**

- 6. Statement:** What was done? You should list each action you feel was discriminatory. When describing a Respondent's action in this section, the individual who took the action should be identified, if possible. Then, tell us why you believe this action was taken because of the basis you listed.
- 7. Dates Action Occurred:** Give us the first and last dates you believe discrimination occurred.
- 8. Your Signature:** Do not sign the complaint until you are in the presence of a Notary Public who can notarize your signature. Be sure the Notary uses a stamp or seal on the form. Make sure you or your representative signs the form.

Mail your **Completed** and **Notarized** complaint to one of the following offices:

**State of Wisconsin
Department of Workforce Development
Equal Rights Division**

201 E WASHINGTON AVE, ROOM A100
PO BOX 8928
MADISON WI 53708

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

For effective complaint handling, please complete and return the following information with your complaint.

Complainant First Name	Complainant Middle Initial	Complainant Last Name
Current Date *	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy	

Witnesses: Please include the names, home addresses and telephone numbers of persons who know what happened to you or may have seen, heard or experienced treatment similar to yours. Witnesses are not character references. They are people who have relevant information about your complaint and are willing to cooperate in the investigation.

--

Availability: (Important! You must notify the Department if you change your address or phone number. If we are unable to locate you, your complaint may be dismissed.)

What Days and times are you usually available to discuss your complaint?

Is there a telephone where we can reach you during the day ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide the area code and number: () -

In case we cannot reach you, please provide the name, address and phone number of a person who **does not** reside with you but will always know where you live and how to reach you.

Name	Street Address		
City	State	Zip Code	Telephone Number () -

Settlement Information

At this time, what would you accept to settle your complaint?

Complaint Information

Have you filed this charge with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, name of agency?	Date Filed
---	------------------------	------------

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