

Complaint Under Business (Plant) Closing and Mass Layoff Law

Office Use Only

NOTICE REQUIRED UNDER Section 15.04(1) (m), Wisconsin Statutes. Authorization for this form is provided under Section 109.07(4) (a), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint 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 division's records. Personal information you provide may be used for secondary purposes. The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

- This law applies to businesses with 50 or more employees in the State of Wisconsin.
- Businesses that employ fewer than 50 employees do not have to give notice of a business (plant) closing or other layoffs.
- If the law applies, employers must give 60-day's advance notice of layoffs.
- At least 25 employees (in some situations more) must be affected by the layoffs before notice is required.
- For more detailed information, please refer to publication [ERD-9006-P, "Employee Rights Under Wisconsin's Business \(Plant\) Closing and Mass Layoff Law"](#).

Please Type or Print in Black Ink All Applicable Information

Complainant Information

Employer Information

Mr. Ms Mrs			Print Your Name			Business Name		
Your Street Address			Business Street Address					
City	State	Zip Code	City	State	Zip Code			
Date of Birth			County Name					
Social Security Number			Owner/Corporation Name					
Home Telephone Number (Include area code) ()			Type of Business					
Work Telephone Number (include area code) ()			Business Telephone Number (Include area code) ()					

Employment Information

<input type="checkbox"/> I have been laid off by the business		<input type="checkbox"/> I am soon to be laid off /		<input type="checkbox"/> I am the highest municipal official		
<input type="checkbox"/> I have been discharged by the business		discharged by the business		<input type="checkbox"/> I am a union representative		
Name of the Wisconsin employment site where the business (plant) closing or mass layoff has or will occur						
Street Address			City		State	Zip Code
Name of a company official to contact for further information			Telephone Number			

You Must Also Complete Page 2 of This Form

What is the date of the business (plant) closing or the date you were laid off?				
What is the estimated number of employees this business employs in the State of Wisconsin?				
What is the estimated number of employees who lost their employment due to the business (plant) closing or mass layoff?				
Does the employer operate in any other location in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where?		
Did the closing or layoff affect all sites? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, which sites are still open?		
Did the employer give employees a written notice of the business (plant) closing or mass layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include a copy with this complaint				If yes, date notice given?
Is there a call back date? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the date?		
Has the employer filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		If yes, date filed?	Where Filed	Case Number
Is the employer in receivership under Ss 128, WI Statute? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		If yes, date filed?	Where Filed	Case Number
Is there a union representing the employees? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give the name of union local				
Street Address		City	State	Zip Code Telephone Number
Name of someone who does not live with you but who will always know how to contact you				
Street Address		City	State	Zip Code Telephone Number

Explanation Of The Complaint (Use extra sheets if necessary)

The statements made above are true to the best of my knowledge. I understand if the employer wants to review this complaint, it is an open record.

Your Signature	Date Signed
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Please return the completed Form and a copy of your W-2 Form to:

**DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION
LABOR STANDARDS BUREAU,
PO BOX 8928 MADISON WI 53708**

If you have any questions call (608) 266-6860