

WIOA Section 188 Complaint

INSTRUCTIONS: Use of this form is voluntary for individuals and entities seeking to file a discrimination complaint pursuant to 29 CFR § 38.9(a). Note, per 29 CFR § 38.69(c). This form should be completed and submitted within one hundred and eighty (180) days of the date of the alleged discriminatory act. Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. § 15.04(1)(m)].

Complainant Information	
Complainant Name	
Complainant Address (Street, P.O. Box)	
City, State, Zip Code	
Email Address	Telephone Number

Respondent Information (the individual or entity that the complainant alleges is responsible for the violation or discrimination if alleged)	
Individual / Entity / Agency Name	
Respondent Address (Street, or P.O. Box)	
City, State, Zip Code	
Telephone	Contact Person (if known)

3. Check all grounds of discrimination that apply and specify the characteristic

- | | |
|---|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Citizenship _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Disability _____ |
| <input type="checkbox"/> Sex _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Pregnancy _____ | <input type="checkbox"/> Political affiliation or belief _____ |
| <input type="checkbox"/> Childbirth and related medical conditions
_____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> Sex stereotyping _____ | <input type="checkbox"/> Reprisal/Retaliation _____ |
| <input type="checkbox"/> Transgender status _____ | <input type="checkbox"/> National Origin _____ |
| <input type="checkbox"/> Gender Identity _____ | <input type="checkbox"/> Limited English Proficiency _____ |
| <input type="checkbox"/> Sexual Harassment _____ | <input type="checkbox"/> WIOA Beneficiary Status _____ |
| | <input type="checkbox"/> Other _____ |

4. Briefly describe, as clearly as possible, the basis for your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your complaint.

a. Please explain how you were discriminated against:

b. Who was involved? Include witnesses and representatives of the respondent who were involved or have first-hand information of the actions. Include email addresses and telephone numbers, if known.

c. List the location and date(s) each action occurred.

5. The first date on which the alleged discriminatory action occurred: _____

6. The most recent date the alleged discriminatory action occurred: _____

7. Do you have an attorney or other representative for this complaint? Yes No

If Yes, please provide contact information:

Attorney or Representative / Firm Name	
Email	Telephone
Address (Street, P.O. Box)	
City, State, Zip Code	

8. If you have filed a case or complaint about these allegations with any other government agency or non-federal entity, please complete the section below:

I understand that this complaint may be subject to release under the Wisconsin Public Records Law.

Complainant Signature	Date Signed
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Note: An electronic signature by you or your attorney is acceptable.

Send the completed form to: DETEOContact@dwd.wisconsin.gov or Department of Workforce Development, Division of Employment & Training-EO, PO Box 7972, Madison WI 53707.

For Office Use Only:

Date Received	Case Number
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