

ER Case #:
CR
For ERD Use Only

Discrimination Complaint Public Accommodation or Amusement

Important! Please read all instructions on Page 3 before starting.

Authorization for this form is provided under Section 106.52, Wisconsin Statutes.

Completion of this form is voluntary. However, if you wish to file a withdrawal of a discrimination complaint with the Equal Rights Division, you must submit a written document containing the information sought by this form.

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

1. Complainant Information

First Name		Middle Initial	
Last Name			
Street Address			
City		State	Zip Code
Telephone Number			
Email Address			

2. Respondent Information

Respondent Name		
Street Address		
City	State	Zip Code
Telephone Number		Ext.

3. Your complaint may be filed with another agency unless you check No below.

Yes See #3 on 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?

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?
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8. Acknowledgements

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. 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)	
Subscribed and 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**

Equal Rights Division
201 E Washington Ave., Room A400
PO Box 8928
Madison WI 53708
Telephone: (608) 266-6860
Fax: (608) 267-4592

Equal Rights Division
819 N 6th ST
Room 723
Milwaukee WI 53203
Telephone: (414) 227-4384
Fax: (414) 227-4084

Equal Rights Complaint Process Information Sheet

Please complete and return this sheet with your complaint. This information is necessary to process your complaint effectively.

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.

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).

What days and times are you usually available to discuss your complaint?	
Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? Yes No	If Yes, provide the area code and telephone number

Please provide the name, address, and telephone number of someone who **does not reside** with you but who will always know where to reach you.

Contact Person Name	Relationship to the Complainant			
Street Address	City	State	Zip Code	Telephone Number

Employer Information

Approximate number of employees at all of the employer's work locations					Type of Business
Less than 50	50-100	101-200	201-500	More than 500	
Does another company own the employer? Yes No 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? Yes No	If Yes, name of agency	Date filed with the other agency
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Settlement Information

At this time, what is the Complainant seeking to settle the complaint?

Statistical Information

Complainant Sex Male Female		
Complainant Race (check appropriate box or boxes):		
American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Black or African American
Asian	White	Other
Mail your completed and signed complaint form to one of the following addresses:		
Equal Rights Division 201 E Washington Ave., Room A400 PO Box 8928 Madison WI 53708 Telephone: (608) 266-6860 Fax: (608) 267-4592	Equal Rights Division 819 N 6th ST Room 723 Milwaukee WI 53203 Telephone: (414) 227-4384 Fax: (414) 227-4084	