

State of Wisconsin
Department of Workforce Development
Equal Rights Division

**Discrimination Complaint
In Post-Secondary Education Based on
Physical Condition or Developmental
Disability
(Section 106.56 Wisconsin Statutes)**

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

Instructions -- Please Read Before Completing This Form

- Provide all information requested below. **Type or Print in Black Ink.**
- You must 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.

1. Complainant Information

First Name		
Middle Initial		
Last Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number ()		
E-Mail Address		
May we call the Complainant at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Telephone Number () Ext.		

2. Respondent Information

The company , agency, or union you believe discriminated against you. Name only ONE Respondent per form. Do not name an individual person as Respondent.		
Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number () Ext.		
In what Wisconsin county did the violation take place?		

3. Describe your physical condition or developmental disability, including the name if known.

Authorization for this form is provided under Section 106.56, Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint of retaliation with the Equal Rights Division (ERD), 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 Equal Rights Division's records.

For Office Use Only

4. If you answered question 3, did you talk, write, or send an Email to someone about your physical condition or developmental disability? Yes No

Give the name, title, and telephone number of the person you contacted.

Give the date of each action.

What exactly did you say?

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5. Describe the action(s) the school took because of your physical condition or developmental disability.

(For example: denied admission, refused to modify admissions or examination conditions, etc.)

<p>a. First action:</p> <p>Date taken:</p> <p>b. Second action:</p> <p>Date taken:</p> <p>c. Third action:</p> <p>Date taken:</p> <p>d. Fourth action:</p> <p>Date taken:</p>

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. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Signature of complainant or authorized representative	Date signed
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Mail The Completed and Signed Complaint to One of the Following Offices.

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

201 E. Washington Ave.
PO Box 8928
Madison, WI 53708-8928
Telephone: (608) 266-6860
FAX: (608) 267-4592
TTY: (608) 264-8752

819 North 6th Street
Room 723
Milwaukee, WI 53203
Telephone: (414) 227-4384
FAX: (414) 227-4084
TTY: (414) 227-4081

Equal Rights Complaint Process Information Sheet

Please answer the following questions and return this sheet with your completed complaint. We need this information to effectively process your complaint.

First Name	Middle Name	Last Name
Today's Date	Your Date of Birth (requested for identification purposes) (month/day/year)	

Availability/Contact Information

(Important! You must notify the Equal Rights Division if you change your 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. and 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the telephone number including the area code. ()	
Please provide the name, address, and telephone number of a friend or relative who does not reside with you but who will know where you can be reached:	
Name of contact person	Relationship to you
Address	Telephone number including the area code ()

Settlement Information

Complete this section if you were (or still are) enrolled as a student with the Respondent:	
First date you were enrolled:	What is/was your course of study?
Are you still enrolled with the respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
At this time, what are you seeking to settle your complaint?	

You will have an opportunity to provide more information during the investigation

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: _____		