State of Wisconsin
Department of Workforce Development
Equal Rights Division

Discrimination Complaint Wisconsin Social Media Law Employer

ERD Case #
CR

For office use only

Authorization for this form is provided under Sections 995.55 (2) and 106.54(10)(a), Wisconsin Statutes. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

1. Complainant Information

First Name

Middle Initial

Last Name

Street Address/PO Box

City | State | ZIP Code

Home Telephone Number

E-Mail Address

May we call the Complainant at work?
☐ Yes ☐ 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. Check Only the Boxes That Were the Reason For Discrimination

I believe the Respondent(s) discriminated or took action against me **because**

- ☐ I refused to disclose access information for, grant access to, or allow observation of my personal Internet account
- ☐ I opposed the Respondent's request for or requirement of social media disclosures as a condition of employment or application for employment, per Wis. Stat. sec. 995.55(2) (refer to direction (c))
- ☐ The Respondent requested or required me, as a condition of my employment or application thereto, to disclose or otherwise grant access information for my personal Internet account

4. Dates of Discrimination (Required - estimate if unsure)

Date the discrimination began? mm/dd/yyyy	Date of the most recent discrimination? mm/dd/yyyy

Instructions for Completing Your Statement of Discrimination:

Write a short, clear statement explaining how the Respondent (employer, agency, or union) discriminated against you. You cannot name more than one Respondent per complaint form. When writing your statement, please include the following:

a) Give your job title and date of hire. If the company did not hire you, state the job(s) you applied for and the date you applied.

b) Describe the event that you think was discrimination. If you were harassed, identify the harasser(s) and describe what was done to you. If you complained to the company, identify the person(s) you complained to and describe the company response to your complaint(s). Include the date(s), if known. If you were fired or were forced to quit due to a discriminatory reason, make this clear in your statement.

c) For **each box** you checked, in section #3, explain why you think the employer's actions to you were motivated by the action checked. **If you checked the 'I opposed social media disclosures as a condition of employment box or application for employment' you must explain how your employer retaliated against you for making an internal complaint about discrimination based on any of the boxes in section #3**. Discrimination law does not cover retaliation for a complaint other than any of the reasons listed above.

d) If other employees in similar employment situations, but who did not engage in any activity protected by Wis. Stat. sec. 995.551(2) were treated better than you were, please give their names, state what happened to them.

e) If you need more space, please continue your statement on a separate piece of paper.

f) Do not use whiteout to make corrections. Draw a line through errors and initial each change.

g) You will have a chance to give the investigator more information during the investigation of your complaint. If you send supporting documents with your complaint do not refer to them in your statement.

If you have questions or if you need help completing this form, please call the Equal Rights Division at (414) 227-4384 (Milwaukee) or (608) 266-6860 (Madison) and ask to speak to a Civil Rights Investigator. We can help you complete the form.

For violations in Milwaukee, Waukesha, Ozaukee, Washington, Kenosha, Racine, Sheboygan and Walworth Counties, mail your completed and signed complaint to:

EQUAL RIGHTS DIVISION
PO BOX 7997
MADISON WI 53707

For all other counties in Wisconsin:

EQUAL RIGHTS DIVISION
PO BOX 8928
MADISON WI 53708

Website: http://dwd.wisconsin.gov/er/

5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the **date** each action occurred and the **name** of the person who took the action. Explain how each action(s) was related to the box(es) you checked in section #3 on page one. Include more 8 ½ x 11 pages if needed.

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**

Please complete Equal Rights Process Information Sheet on Page 4

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed 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	

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.)

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 the Complainant but who will know where to reach the Complainant.

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 ☐ Less than 15 ☐ 15-100 ☐ 101-200 ☐ 201-500 ☐ More than 500	**Type of Business**
Does another company own the employer? ☐ Yes ☐ No ☐ Not Sure	If Yes, please provide the name of that company

Settlement Information

Complete this section if the Complainant was or still is employed by the employer.

When was the Complainant hired?	What was/is the job title?	Is the Complainant still employed by the Respondent? ☐ Yes ☐ No

Complete this section if the Complainant is no longer employed by the employer.

How did the Complainant's employment end? ☐ Discharged ☐ Quit ☐ Laid off ☐ Retired ☐ Other	Date Employment Ended	Pay Rate at End	Hours per Week
If the Complainant was not promoted, what was the title of the position applied for?		Rate of Pay	Hours per Week

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 ☐ Unknown

Complainant National Origin: