State of Wisconsin
Department of Workforce Development
Equal Rights Division

ER Case #:
CR
For ERD Use Only

Discrimination Complaint
Wisconsin Fair Employment Law

Wis. Stats. §§ 111.31-111.395

Please type or print in black ink and sign this form.

Authorization for this form is provided under Section 111.375, 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/PO Box		
City	State	Zip Code
Telephone Number		
Email Address		

2. Respondent Information

The Respondent is 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.	Email Address	
In what Wisconsin **county** did the violation take place? Select One		

3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

If you checked a box with an *, the statement in that box **must** be completed.

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

☐ of my race * which is	☐ of my age (40 or older) my date of birth is	☐ of my marital status * which is
☐ of my color * which is	☐ of my conviction record	☐ of my military service
☐ of my national origin/ancestry * which is	☐ of my arrest record	☐ of my use or nonuse of lawful products
☐ of my sex * which is	☐ of my sexual orientation which is	☐ of genetic testing
☐ of my pregnancy or maternity	☐ my creed (religion) * which is	☐ of polygraph testing
☐ disability * which is:	☐ I declined to attend a meeting or participate in a communication about religious matters or political matters	☐ I filed a previous **discrimination complaint** with Equal Rights or testified or assisted with a discrimination complaint. Enter Case Number: CR
☐ I opposed discrimination in the workplace (refer to instruction 2(c) on page 2 of this form)		
☐ The Respondent printed or circulated, advertised or published a discriminatory statement.	☐ The Respondent used a discriminatory application or made a discriminatory inquiry about prospective employment.	

4. Dates of discrimination (Required; estimate if unsure)

Date the discrimination began (mm/dd/yyyy)	Date of the most recent discrimination (mm/dd/yyyy)
☐ My employment was terminated on (if applicable)	

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 was related to the box(es) you checked in section #3 on page one.**

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.

Signature of Complainant or authorized representative	**Date signed**

Please complete Equal Rights Process Information Sheet on Page 3

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

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

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

Settlement Information

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

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

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