State of Wisconsin
Dept. of Workforce Development
Equal Rights Division

Discrimination Complaint
Wisconsin Social Media Law
Education Institution

ERD Case #
CR

For office use only

Authorization for this form is provided under Sections 995.55(3) 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].

READ instructions on page two FIRST then type or print in black ink.

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? ☐ Yes ☐ No		
Work Telephone Number **Ext.**		

2. Respondent Information

The **education institution** you believe discriminated against you. Name only **ONE** Respondent per form. Do not name an individual person as Respondent.		
Institution 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.
- ☐ The Respondent requested or required me, as a condition of my admission or enrollment, to disclose or otherwise grant access information for my personal Internet account.
- ☐ I opposed the Respondent's request for or requirement of social media disclosures as a condition of admission or enrollment, per Wis. Stat. sec. 995.55(3) **(refer to direction (c)).**

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 discriminated against you. You cannot name more than one Respondent per complaint form. When writing your statement, please include the following:

a) 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 education institution, identify the person(s) you complained to and describe the response to your complaint(s). Include the date(s), if known. If you were expelled or were forced to drop-out of the education institution due to a discriminatory reason make this clear in your statement.

b) For **each box** you checked, in section #3, explain why you think the education institution's actions to you were motivated by the action checked. **If you checked the 'I opposed social media disclosures as a condition of admission or enrollment' box you must explain how your education institution 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.

c) If other students who were similarly situated to you, but who did not engage in activity protected by Wis. Stat. sec. 995.55(3) were treated better than you were, please give their names and state what happened to them.

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

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

f) 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, mail your completed and signed complaint to:

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

Settlement Information

Complete if you are interested in discussing settlement or early mediation of 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: