State of Wisconsin
Department of Workforce Development
Equal Rights Division

ER Case #:
CR
For ERD Use Only

Retaliation Complaint

Section 111.322(2m), Wisconsin Statutes

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

Authorization for this form is provided under Section 111.39(1), 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.

READ Instructions on page 3 first, then follow the instructions provided throughout the complaint form. TYPE OR PRINT IN BLACK INK.

You must sign this complaint **on page 2** and fill out the Process Information Sheet on **page 4** before submitting your complaint to the Equal Rights Division.

1. Complainant Information

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

2. Respondent Information

This 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		
City	State	Zip Code
Telephone Number Ext.		
In what Wisconsin **county** did the violation take place? Select One		

3. Did you file one of the below listed complaints with this division, testify or assist with one of the below listed complaints that has been filed with this division, or, did your employer believe that you filed or would file one of the below listed complaints with this division?

If so, check the box of the type of complaint that applies.

If not, do not complete this form. You may contact the division at (608) 266-6860 or (414) 227-4380 if you have questions or need assistance filing a complaint.

Laws protected by Section 111.322(2m):

- ☐ Unpaid Wage Law
- ☐ Illegal Wage Deduction Law
- ☐ Minimum Wage Law
- ☐ Overtime Law
- ☐ Open Personnel Records Law
- ☐ Employment of Minors Law
- ☐ Public or Tribal Employees Reporting Fraudulent Activities Law
- ☐ Cessation of Healthcare Benefits Notification Law
- ☐ Family & Medical Leave Law
- ☐ Health Care Worker Protection Law
- ☐ Employee Right to Know Law
- ☐ Bone Marrow and Organ Donation Leave Law
- ☐ Social Media Law
- ☐ Business Closing Notification Law
- ☐ Traveling Sales Crew Law

4. **If you filed a complaint, when did you file it?**	5. **If there was a case number assigned, what is the case number?**

6. Did you testify or assist with that case or in another Equal Rights Division case?

☐ Yes ☐ No

a. If Yes, what were the names of the parties involved?

b. When did this occur?

c. If Yes, how did you assist or what did your testimony concern?

7. If your employer believed that you would file, or had filed, a complaint, explain why.

8. Describe the employment action(s) your employer took because of what you did, or because of what they thought you did or you would do. (For example, "discharged me," "disciplined me," "demoted me," "reduced my hours," etc.). If your employer took more than three employment actions, please describe on a separate sheet of paper and attach to this form.

a. First employment action:

Date Taken:

b. Second Employment Action:

Date Taken:

c. Third Employment Action:

Date Taken:

9. If applicable, please provide the date your employment was terminated.

10. 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

Instructions for Completing Your Statement of Discrimination:

1. This form is intended for retaliation claims alleged under § 111.322(2m) of the Wisconsin Fair Employment Law. Retaliatory actions prohibited by § 111.322(2m) include: discharging or otherwise discriminating against an employee because the employee filed a complaint, formally attempted to enforce a right, or testified or assisted in any action under the following laws - or because the employee's employer believed that the employee did or would file a complaint, formally attempt to enforce a right or testify or assist in an action under the following laws:

    a) Wage Claim Law (Wis. Stat. § 109.03)
    b) Overtime Law (Wis. Stat. § 103.02)
    c) Illegal Wage Deduction Law (Wis. Stat. § 103.455)
    d) Minimum Wage Law (Wis. Stat. § 104.12)
    e) Employment of Minors Laws (Wis. Stat. §§ 103.28, 103.32, &103.63-103.82)
    f) Wisconsin Family and Medical Leave Law (Wis. Stat. § 103.10)
    g) Open Personnel Records Law (Wis. Stat. § 103.13)
    h) Health Care Worker Protection Law (Wis. Stat. § 146.997)
    i) Employee Right to Know Law (Wis. Stat. §§ 101.58 – 101.599)
    j) Public or Tribal Employees Reporting Fraudulent Activities Laws (Wis. Stat. §§ 49.197(6)(d) & 49.485(4)(d))
    k) Wisconsin Bone Marrow and Organ Donation Leave Law (Wis. Stat. § 103.11)
    l) Social Media Law, as it pertains to Employers and Educational Institutions (Wis. Stat. §§ 995.55(1) & (2))
    m) Mergers, Liquidations, Dispositions, Relocations or Cessation of Operations Affecting Employees Law – Advanced Notice Required Law (Wis. Stat. § 109.70)
    n) Cessation of Health Care Benefits Affecting Employees, Retirees and Dependents Law (Wis. Stat. § 109.75)
    o) Regulation of Traveling Sales Crew Law

    If you are alleging employment discrimination based on membership in a protected class (race, color, sex, age, disability, etc.), or retaliation because of your opposition to a discriminatory practice, you must complete form ERD-4206 (Discrimination Complaint, Wisconsin Fair Employment Law).

2. In filling out section #8, write short, clear statements explaining how the Respondent (employer, agency, or union) discriminated against you.

    a) If you need more space, please continue your statement on a separate piece of 8 ½ x 11 paper.
    b) Do not use whiteout to make corrections. Draw a line through errors and initial each change.
    c) You will have a chance to give the investigator more information during the investigation of your complaint. Do not send supporting documents with your complaint.

If you have questions or if you need help completing this form, please call the Equal Rights Division at (414) 227-4380 (Milwaukee) or (608) 266-6860 (Madison) and ask to speak to a Civil Rights Investigator.

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