

CITY OF MILWAUKEE
EMPLOYEE COMPLAINT FORM

12/04

Instructions:

Before completing this form, please read all instructions, including the *Release Statement* on Page 6.
PLEASE PRINT ALL RESPONSES.

INDIVIDUAL FILING COMPLAINT

NAME: _____

ADDRESS: _____

PHONE # (HOME): _____ (WORK): _____

DEPARTMENT: _____

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I believe I have been discriminated against based on one or more of the following:

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age (over 40) |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Color |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other: _____ |

☐ I've been a victim of Retaliation or Workplace Violence.

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Have you filed an official complaint with the Equal Employment Opportunity Commission (Federal), Equal Rights Division (State), Union or commenced a private legal investigation?

YES [] NO []

If yes, with whom was the action commenced? _____
At what stage is the action? _____

Have you attempted to resolve this matter by discussing it with someone else (management, union, EAP)? YES [] NO [] If yes, give the name and title of the person and state what happened.

COMPLAINT FILED AGAINST

NAME:	
TITLE:	
DEPARTMENT:	
PHONE NUMBER:	

ISSUES (CHECK ACTIONS TAKEN AGAINST YOU BECAUSE OF YOUR RACE, SEX, ETC.)
MORE THAN ONE MAY BE CHECKED OFF.

<input type="checkbox"/> Hiring	<input type="checkbox"/> Wages
<input type="checkbox"/> Termination	<input type="checkbox"/> Job Benefits
<input type="checkbox"/> Layoff	<input type="checkbox"/> Segregated Facilities
<input type="checkbox"/> Recall	<input type="checkbox"/> Training & Apprenticeship
<input type="checkbox"/> Promotion	<input type="checkbox"/> Pregnancy Leave Policy
<input type="checkbox"/> Demotion	<input type="checkbox"/> Accommodation to Disability
<input type="checkbox"/> Job Assignment	<input type="checkbox"/> Sabbath Day Observance
<input type="checkbox"/> Seniority	
<input type="checkbox"/> Other: _____	

Do you know of other employees or applicants of your group (basis of discrimination on page 1) who were treated the same way you allege you were? *If yes, provide names, titles, race, sex, etc., and explain.*

☐ YES ☐ NO

Describe in detail the alleged act(s) indicating dates, places, names and titles of persons involved.
(Add additional pages if necessary and please print).

[illegible]

Please answer the following questions: *(Add additional pages if necessary and please print).*

1. Why do you believe the action(s) taken against you were because of your race, sex, disability, etc.?
2. What explanation, if any, was offered for the actions by the respondent?
3. If this is a disability complaint, describe the disability or why you think the person against whom this complaint is being filed regarded you as disabled. <i>(See additional pages if necessary.)</i>

4. If this is a Retaliation complaint, what act of discrimination did you oppose and when, have you participated in any grievances, complaints or hearings involving discrimination, what evidence will show a connection between your opposition and the treatment you received?

5. If this is a complaint based on your religion, how was your employer made aware of your religion, did you request any special accommodation for your religion? Explain

6. Please provide the name(s), telephone number and a description of the information that can be provided by any witness you think can provide evidence in support of your charge.

OUTCOME OF THE INVESTIGATION

I would like to see the following as the outcome of the investigation: _____

CONFIDENTIALITY STATEMENT

The staff of the Office of Diversity and Outreach strives to maintain the confidentiality of the information obtained during the course of an investigation and in most cases, it will only be divulged on a need-to-know basis. However, some of the records obtained or created during the investigation may be subject to disclosure under the Wisconsin Public Records statute.

RELEASE STATEMENT

I AFFIRM THAT I HAVE READ THE PRECEEDING INFORMATION AND CHARGE (S) AND ATTEST THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I HAVE READ AND UNDERSTAND THE CONFIDENTIALITY STATEMENT. I HEREBY GIVE THE DEPARTMENT OF EMPLOYEE RELATIONS PERMISSION TO THOROUGHLY INVESTIGATE MY COMPLAINT. I UNDERSTAND THE INFORMATION GATHERED WILL BE KEPT CONFIDENTIAL TO THE EXTENT POSSBILE.

Signature

Date Submitted

Please return to:

**CITY OF MILWAUKEE
OFFICE OF DIVERSITY
DEPARTMENT OF EMPLOYEE RELATIONS
CITY HALL, ROOM 706
200 EAST WELLS STREET
MILWAUKEE, WISCONSIN 53202**