



Discrimination Complaint Employment – Housing

ERC Case# _____

Please read all directions before completing. Please type or print in black ink.

1. Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number (include area code) Home: _____ Work: _____

2. Respondent information (i.e. name, address, state and zip code of employer, business, labor organization or provider of housing you believe discriminated against you). If more than one respondent, list each one separately:

2. Respondents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number (include area code) Home: _____ Work: _____

3. Your complaint may be filed with other agencies unless you indicate “no” here. See #3 on “Discrimination Complaint Instructions” page for more information.

4. What did the Respondent do that you believe was discriminatory? (You may attach an additional page if necessary.)



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5. On what date did the above action first happen? _____

On what date did it last happen? _____

6. What law do you believe was violated?

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7. Discrimination Statement: (Please read #7 on Discrimination Complaint Instructions page before completing this section.) “ ***I was discriminated against because of my*** (write basis):

8. By my signature below I or my authorized representative states that I have read and understand this complaint and swear it is true to the best of my knowledge and belief.

Your signature or Representative’s signature: _____

Sworn to before me on (date): _____ My commission expires: _____

Notary Public Signature (affix seal)



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PROCESS INFORMATION

ERC Case# _____

Please complete and return this form with the proper completed, notarized Equal Rights Commission complaint form. This information is needed to help us more effectively handle your complaint. Please type or print in black ink.

Your Full Name: _____ Today's Date: _____
(last, first, middle initial)

WITNESSES: Please list persons who know what happened to you. Their participation is voluntary. Please provide their names, home addresses and telephone numbers.

AVAILABILITY: Provide information below concerning where, how and when you can be located.

Provide the days and times you are usually available for a meeting to discuss your complaint.

Please provide a telephone number where you can be reached during the day (include area code).

Name and telephone number (include area code) of person to contact if you cannot be reached:

Name, address and telephone number (include area code) of person who will always know where you live **and** does not reside with you.

SETTLEMENT INFORMATION: Please answer in applicable spaces below if you were terminated or were refused a hire or promotion.

	Job Title at Termination	Rate of Pay When Terminated	Hours Worked per Week
If Terminated:			

	Position Applied For	Rate of Pay	Hours per Week	Present Job Title
If Refused Hire or Promotion:				



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What would you accept to settle this complaint at this time? (Such as reinstatement, hire or financial compensation)

SOURCE OF REFFERAL:

STATISTICAL INFORMATION	You Are: <input type="checkbox"/> Male <input type="checkbox"/> Female	Your Date of Birth:
	<input type="checkbox"/> African-American (Black) <input type="checkbox"/> White (Non-hispanic) <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Native-American/Aleutian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiple –Race (check boxes) <input type="checkbox"/> Other (specify)	

Please return this from to:

**Equal Rights Commission
Room 706 – City Hall
200 E. Wells Street
Milwaukee, WI 53202**