



## EMPLOYEE COMPLAINT FORM

10/09

Please **PRINT** All Responses.

### INDIVIDUAL FILING COMPLAINT (Complainant)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

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"/> Gender Identity/Expression |
| <input type="checkbox"/> Other: _____       |   |

I have been a victim of Retaliation or Workplace Violence.

Have you filed an official complaint with the Equal Opportunity Employment Commission (Federal), the Equal Rights Division (State), your Union, or commenced a private legal action regarding the issue(s) contained in this complaint?  YES  NO

If yes, who did you file with and when did you file?

\_\_\_\_\_

At what stage is this action? \_\_\_\_\_

Have you **reported** this matter to your supervisor or another manager within your department?

YES  NO

If yes, give the name and title of the person you spoke with, the date of the discussion and a summary of the response/action of that supervisor or manager.

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\_\_\_\_\_

\_\_\_\_\_

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 you spoke with and state what happened:

\_\_\_\_\_

**COMPLAINT FILED AGAINST**  
**(Respondent)**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>DEPARTMENT:</b>	
<b>PHONE NUMBER:</b>	

**STATEMENT OF COMPLAINT**

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

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Please answer the following questions (Attach additional pages if necessary):

1. Why do you believe the action(s) taken against you were because of your race, sex, disability, etc.?

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2. What explanation, if any, was offered for the actions by the respondent?

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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. (Attach additional pages if necessary)

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

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

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

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**OUTCOME OF INVESTIGATION**

*I would like to see the following as the outcome of the investigation:* \_\_\_\_\_

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\_\_\_\_\_

**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 ATTEST THAT MY STATEMENT IS TRUE AND CORRECT 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 POSSIBLE.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Submitted*

Please return to:

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