

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, a military participation, or use or non use of lawful products off the employers or service providers premises during working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

IMPORTANT: If your application for service was not taken or your were told you were not eligible for a particular program BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency appeal process or State administrative hearing review. Your right to this review or hearing does not need to be connected to a discrimination complaint.

You may file an informal discrimination complaint with your employer or service provider, or you may file a formal discrimination complaint with the county agency. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say that they saw, heard or experienced.

All formal complaints must be filed within 180 days of the event or treatment you feel was discrimination. However, you should file the complaint as soon as possible after the action took place. If you file an informal complaint and you are not satisfied with the resolution, you can still file a formal complaint as long as you do it within filing time frame. Do not wait until after the filing deadline to get an answer to the informal complaint if you plan to make a formal complaint.

To file an informal discrimination complaint with your provider or employer, request a discrimination complaint form by calling the Equal Opportunity Coordinator at ___-___-___ or TDD ___-___-___. Send the complete form back to your provider's Equal Opportunity Coordinator. His or her name should be on this form.

If you wish to file a formal discrimination complaint, you may send the completed complaint form directly to the appropriate county agency listed below. Include a letter stating that you are making a formal complaint to their agency as the funding source. Staff of the county will provide the results to you within 90 days.

File Formal Discrimination complaints about these services with the agency listed below.

PROGRAM	AGENCY
County Funded Agencies	Dane County Office of Equal Opportunity 210 Martin Luther King, Jr. Blvd Room 421 Madison, WI 53703-3342 (608) 266-5623 (608) 267-3523 (Voice/TDD)

SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Equal Opportunity Coordinator	Phone (Voice) () -	Phone (TDD) () -
-------------------------------	------------------------	----------------------

Name of Complainant	Phone number () -
Address (number, street, city, state, zip code)	

Basic for Service or Employment Discrimination Complaint (such as: age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, military participation, or use or non use of lawful products off the employers or service providers premises during working hours).

Name of the Agency and/or Employee or Employer Against Whom the Complaint is Filed.

Describe the action or treatment which you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached if you need to add pages.

Description of the Relief or Satisfaction you Want

Signature of Complainant or Complainant Representative	Date
--	------

The information below is to be completed by the person at the agency who receives your complaint, looks into it and responds to you.

Informal Complaint

Date Received	Received By	Title
Agency		

Actions and Individual(s) to be Investigated
--

Findings (Must be completed within 30 days:

Action Taken

Further Action Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what action is recommended?
--