



**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 a state or federal agency. However, complaints alleging discrimination on the basis of age in USDA-FNS programs, this complaint will be forwarded to the appropriate FNS Regional OCR within 5 working days after receipt. FNS Regional OCR will refer the complaint to the Federal Medication and Conciliation Services (FMCS) within 10 days of initial receipt by the 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 920-720-1703. 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 state or federal agency listed on the following pages. Include a letter stating that you are making a formal complaint to their agency as the funding source. Staff of the state or federal agency will provide the results to you within 90 days.

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

PROGRAM	AGENCY
Wisconsin Works (W-2), Child Support, Emergency Assistance, Food Stamp Employment and Training, Learnfare, Day Care, Community Service Jobs, (W-2) Transitions, Job Access Loans, Refugee Services.	Wisconsin Dept. of Workforce Development Division of Workforce Solutions ATTN: Equal Opportunity Officer P.O. Box 7972 Madison, WI 53707-7972 V/TDD: 608-266-6889
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DWD funding.	Equal Rights Office P.O. Box 8928 Madison, WI 53708 Telephone: 608-266-6860 TDD-Hearing Impaired: 608-264-8752
	Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: 414-227-4384, TDD: 414-227-4081
Medical Assistance Service, Women Infants and Children, Food Stamps, BadgerCare, Senior Care, Child Placement Services, Medicaid, Community Aid, and other programs administered by the WI Dept. of Health and Family Services.	Wisconsin Dept. of Health and Family Services Division of Management and Technology Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850

Madison, WI 53707  
Voice: 608-266-9372, TTY: 1-888-701-1251

**You also have the right to file a formal complaint with a federal agency.**

Formal Discrimination Complaint about any of the above services administered by the WI Dept. of Health and Family Services.

HHS, Director, Office for Civil Rights  
Room 506-F,  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
(202)-619-0403 (Voice)  
(202)-619-3257 (TTY)

U.S. Dept. of Health and Human Services  
Office for Civil Rights  
Region V, 233 N. Michigan Ave.  
Chicago, IL 60601  
Telephone: 312-886-2359, TDD: 315-353-5693

Formal Discrimination Complaint about any program.

U.S. Dept of Justice  
Civil Rights Division  
10th and Pennsylvania Ave., NW  
Washington, D.C. 20530  
Telephone: 202-514-0301, TDD: 800-800-3302

Formal Discrimination Complaint for FoodShare Formerly Food Stamps, WIC, TEFAP and Employment and Training FoodShare Program.

USDA Director, Office of Civil Rights  
1400 Independence Avenue, S.W.,  
Washington, D.C. 20250-9410  
(800)-795-3272 (Voice)  
(202)-720-6382 (TTY)

Food and Consumer Services  
Civil Rights Program  
U.S. Department of Agriculture  
77 Jackson Boulevard, 20th Floor  
Chicago, IL 60604  
(312)-353-1457(Voice)

U.S. Equal Employment Opportunity Commission  
310 W. Wisconsin Ave., Suite 800  
Milwaukee, WI 53203  
Telephone: 414-297-1111, TDD: 414-297-1115

The Office of Federal Contract Compliance  
U.S. Department of Labor  
230 South Dearborn Street  
Chicago, IL 60603  
Telephone: 312-353-2158, TDD: 312-353-2158

## SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

**If you need help completing this form please contact:**

Equal Opportunity Coordinator Sue Edminster	Phone (Voice) (920)720-1703	Phone (TDD) ( ) -
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Name of Complainant	Phone ( ) -
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 Signed

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?       Yes     No      If yes, what action is recommended?