# **Apprenticeship Discrimination Complaint**

Wis. Admin. Code § DWD 296

## **Wisconsin Department of**

## **Workforce Development**

Bureau of Apprenticeship Standards

**Privacy Law Notice:** The information requested on this form is required under Wis. Admin. Code § DWD 296.14 for the Wisconsin Bureau of Apprenticeship Standards to process and investigate an allegation of discrimination in a registered apprenticeship program. The information you provide is utilized by state and federal apprenticeship staff for complaint investigation and resolution but may also be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats].

**Instructions:** Use this form to file a complaint of discrimination related to your apprenticeship program. This form constitutes notification that a formal complaint is being filed with the Wisconsin Bureau of Apprenticeship Standards (Bureau). All complaints must be filed within 300 days of the alleged discrimination or alleged failure to follow equal opportunity standards. Exceptions to this time frame must be fully justified and approved by the Bureau.

To the extent necessary to conduct a proper investigation, information contained in this complaint may be shared with the sponsor and other pertinent parties, including witnesses or coworkers with relevant knowledge of the alleged events. In addition, this complaint may be referenced in the course of mediation with the sponsor, presenting evidence at a hearing or other forum, or shared with other agencies with jurisdiction over the complaint, such as the Wisconsin Equal Rights Division.

Failure to provide the information requested within this complaint form will restrict the action the Bureau can take on your behalf.

**Non-Retaliation:** Wisconsin apprenticeship regulations (Wis. Admin. Code § DWD 296) require sponsors and employers to ensure that there is no retaliation against any person who files a discrimination complaint or alleges a violation of Wis. Admin. Code § DWD 296. This includes any intimidation, threat, coercion or discrimination. Please notify a Bureau representative immediately if any retaliation is committed, which may necessitate the filing of a complaint form.

**Complainant Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Apprentice Name (First) (Middle Initial) (Last) | | | | |
| Street Address or P.O. Box | | City | State | Zip Code |
| Telephone Number  () | Cell Phone Number  (   ) | Email Address | | Birth Date |

**Sponsor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Apprenticeship Program Sponsor | Telephone Number | | |
| Street Address or P.O. Box | City | State | Zip Code |



**Date of discrimination or failure to follow equal opportunity standards**:

**Basis for Discrimination** (the alleged conduct in the apprenticeship program)

Check all that apply to your complaint of discrimination.

1.  Race 5.  Color 8.  Religion

2.  National Origin 6.  Age 9.  Genetic Information

3.  Disability 7.  Sexual Orientation 10.  Retaliation

4.  Sex (incl. pregnancy & gender identity)

**Statement of Discrimination:** Describe in detail the alleged discriminatory actions or alleged failure to follow equal opportunity standards, indicating place, names and titles or persons involved. (Additional pages may be added to this form.)

**Date and Signature of Complainant or Authorized Representative:**

Signature: Date Signed:

**If you would like to submit your complaint form via email, contact the Bureau administrative office at 608-266-3332. Otherwise, you may mail the form to:**

Bureau of Apprenticeship Standards

Attn: EO Complaint

P.O. Box 7972

Madison, WI 53707