

ER Case #:
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For ERD Use Only

## Bone Marrow and Organ Donation Leave Complaint

Authorization for this form is provided under Section 103.11, Wisconsin Statutes.

Completion of this form is voluntary. However, if you wish to file a family and medical leave complaint with the Equal Rights Division (ERD), you must submit a written document containing the information sought in this form.

Personal information you provide may be used for secondary purposes (s. 15.04(1)(m), Wisconsin Statutes).

**Provide all information requested. Type or print in black ink.**

### 1. Complainant Information

First Name		Middle Initial
Last Name		
Street Address		
City	State	Zip Code
Telephone Number		
Email Address		

### 2. Respondent Information

Name of the business you believe violated the law. Name only one Respondent per form. Do <b>not</b> name an individual person.		
Street Address		
City	State	Zip Code
Telephone Number		Ext.
County where the violation took place		

### 3. Employment Status

First date of employment with this employer (mm/dd/yyyy)
I have worked more than 52 continuous weeks for this employer at one or more of it's locations or departments. Yes      No
I have worked at least 1,000 hours for this employer during the last 52 weeks. Yes      No
A total of at least 50 people work for this employer at all of its locations. Yes      No

### 4. Previous Bone Marrow and Organ Donation Leave Use

I have used Bone Marrow and Organ Donation Leave during the past 12 months Yes      No
If Yes, how much leave did you take and for what reason:
My employer has a poster displayed explaining my rights under the Wisconsin Bone Marrow and Organ Donation Leave Act. Yes      No

**5. Present Leave Request.** I have requested leave for the following reason (check appropriate answer):

Serious health condition of donee necessitating bone marrow or organ transplant	
Name of individual with serious health condition	
Serious health condition of donee necessitating bone marrow or organ transplant	
Donee's Health Care provider has certified that employee is eligible to serve as bone marrow or organ donor, and employee has agreed to serve as bone marrow or organ donor for the donee.	
I requested bone marrow and/or organ donation leave in writing on	
Amount of leave requested	Dates expected to be off work
I did not request Bone Marrow or Organ Donation Leave because I was unaware of my rights	
I requested other leave. Please explain the type of leave.	
Amount of leave requested	Dates expected to be off work

**6. Denial of Leave**

Date I received notice that my leave request was denied	
Reason employer denied leave request	
Date rights were violated	
Reason I believe my rights under the Bone Marrow and Organ Donation Act were violated	
By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.	
Complaint or Complainant Representative Signature	Date Signed

**The Department of Workforce Development is an equal opportunity service provider. If you need assistance to access services or material in an alternate format, please contact us.**

# Equal Rights Complaint Process Information Sheet

Please complete and return this sheet with your complaint. This information is necessary to process your complaint effectively.

Complainant First Name	Complainant Middle Initial	Complainant Last Name
Current Date	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy	

**Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed).**

Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? Yes      No	If Yes, provide the area code and telephone number
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Please provide the name, address, and telephone number of someone who does not reside with the Complainant but who will know where to reach the Complainant.

Contact Person Name	Relationship to the Complainant			
Street Address	City	State	Zip Code	Telephone Number

### Employer Information

Approximate number of employees at all of the employer's work locations Less than 50    50-100    101-200    201-500    More than 500	Type of Business
Does another company own the employer? Yes      No      Not Sure	If Yes, please provide the name of that company

### Filing With other Agencies

Have you filed a complaint in this matter with any other agency? Yes      No	If Yes, name of agency	Date filed with the other agency
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### Settlement Information

At this time, what is the Complainant seeking to settle the complaint?
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### Complete this section if the Complainant was or still is employed by the employer

When was the Complainant hired?	What was/is the job title?	Is the Complainant still employed by the Respondent? Yes      No
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### Complete this section if the Complainant is no longer employed by the employer

How did the Complainant's employment end? Discharged    Quit    Laid off    Retired    Other	Date Employment Ended	Pay Rate at End	Hours per Week
If the Complainant was not promoted, what was the title of the position applied for?		Rate of Pay	Hours per Week

### Statistical Information

Complainant Sex Male      Female						
Complainant Race (check appropriate box or boxes): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">American Indian or Alaska Native</td> <td style="width: 33%;">Native Hawaiian or Pacific Islander</td> <td style="width: 33%;">Black or African American</td> </tr> <tr> <td>Asian</td> <td>White</td> <td>Other</td> </tr> </table>	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Black or African American	Asian	White	Other
American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Black or African American				
Asian	White	Other				
Mail your completed and signed complaint form to one of the following addresses:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">                     Equal Rights Division                      201 E Washington Ave., Room A400                      PO Box 8928                      Madison WI 53708                       Telephone: (608) 266-6860                      Fax: (608) 267-4592                 </td> <td style="width: 50%; vertical-align: top;">                     Equal Rights Division                      819 N 6th ST                      Room 723                      Milwaukee WI 53203                       Telephone: (414) 227-4384                      Fax: (414) 227-4084                 </td> </tr> </table>	Equal Rights Division 201 E Washington Ave., Room A400 PO Box 8928 Madison WI 53708  Telephone: (608) 266-6860 Fax: (608) 267-4592	Equal Rights Division 819 N 6th ST Room 723 Milwaukee WI 53203  Telephone: (414) 227-4384 Fax: (414) 227-4084				
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