

Read instructions on page two first then type or print in black ink.

Authorization for this form is provided under Section 106.50(6)(a), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a fair housing 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)

1. Complainant Information

First Name		
Middle Initial		
Last Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number		
E-Mail Address		

2. Respondent Information

Name of the housing provider you believe discriminated against you. If more than one respondent, list each separately on an extra sheet.		
Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number		

3. Your complaint may be filed with another agency unless you check "no" below

- Yes – See #3, in the instructions page, for more details
 No

4. Name of county in which the discrimination occurred? _____

5. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

If you checked a box with an *, the statement in that box **must** be completed.

I believe the Respondent discriminated or took action against me **because**

<input type="checkbox"/> of my race * which is _____	<input type="checkbox"/> of my color * which is _____	<input type="checkbox"/> of my disability * which is _____
<input type="checkbox"/> of my religion * which is _____	<input type="checkbox"/> of my age (18 or older) * which is _____	<input type="checkbox"/> of my marital status * which is _____
<input type="checkbox"/> of my family status * which is _____	<input type="checkbox"/> of my sex * which is _____	<input type="checkbox"/> of my national origin/ancestry * which is _____
<input type="checkbox"/> of my ancestry * which is _____	<input type="checkbox"/> of my source of income * which is _____	<input type="checkbox"/> of my sexual orientation * which is _____
<input type="checkbox"/> of my status as a victim of domestic abuse, sexual assault, or stalking		<input type="checkbox"/> I was retaliated against for assisting in or filing a Fair Housing Discrimination complaint with the Division.

Discrimination Complaint Instructions – What is covered and how to file

If you believe you have been discriminated against in violation of the Fair Housing Law, you may file a complaint with DWD's Equal Rights Division. Your complaint must be filed within **one year** of the action that you believe was discriminatory.

To accept your case, the Division must have certain information. **Make sure you carefully follow the instructions outlined below.** The numbers on these instructions match the numbered sections on the front of this form.

1. Complainant

You must write your legal name, address, and telephone number.

2. Respondent

You must provide the complete name, address, and telephone number of the housing provider or person that this charge is being filed against. If the respondent is a housing provider, the name of the property owner should be used. If you are not sure who the owner is, you might obtain this information from the manager or realtor. You might ask your local municipal assessor to tell you who pays the taxes on the property. If there is more than one respondent, list each separately.

3. Referrals

The City of Madison Equal Opportunities Division (MEOD) administers an ordinance similar to state law. The Equal Rights Division will handle your complaint if it is initially filed with us, but we will also refer your complaint to MEOC if the housing is located within Madison's city limits. Your complaint may also be sent to other Fair Housing agencies.

4. County

You must write the name of the county where the housing is located.

5. Basis

You must give a basis for your complaint. The Wisconsin Fair Housing Act prohibits discrimination in the rental and sale of housing on the following bases:

Race	Color	Ancestry
Religion	Age (18+)	Disability
Sex	Sexual Orientation	National origin
Marital status	Family status	Lawful source of income
Status as a victim of domestic abuse, sexual abuse, or stalking		

6. Statement

What was done? You should list each action you feel was discriminatory. When describing a Respondent's action in this section, the individual who took the action should be identified, if possible. Then, tell us why you believe this action was taken because of the basis you listed.

7. Dates Action Occurred

Give us the first and last dates you believe discrimination occurred.

8. Your Signature

Make sure you or your representative signs the form.

Mail your **Completed** and **Signed** complaint to one of the following Equal Rights Division offices:

Equal Rights Division
PO Box 8928
Madison, WI 53708
Phone: 608-266-6860
Fax: 608-267-4592

Equal Rights Division
819 N 6th St, Room 723
Milwaukee, WI 53203
Phone: 414-227-4384
Fax: 414-227-4084

6. Statement of discrimination:

What did the respondent do? List each action you believe was discriminatory. (They refused to rent to me, or I was evicted, or they charged me higher rent, etc). Then, say why you believe you were treated differently because of the basis you listed above.

7. Dates: (month/day/year)

When did the above action first happen? _____ On what date did it last happen? _____

6. Certification and Signature

By my signature below, I certify that I have read the complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief and that the complaint is not being used for any improper purpose, such as to harass the party against whom the complaint is filed. I understand that this complaint is an open record and may be provided to the respondent or others under the provisions of Wisconsin's Open Records Law.

Signature of Complainant or authorized representative	Date signed
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Equal Rights Complaint Process Information

For effective complaint handling, please complete and return the following information with your complaint.

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

Availability: (Important! You must notify the Department if you change your address or phone number. If we are unable to locate you, your complaint may be dismissed.)

What Days and times are you usually available to discuss your complaint?

Is there a telephone where we can reach you during the day?

Yes No

If so, please provide the area code and number: ()

In case we cannot reach you, please provide the name, address and phone number of a person who **does not** reside with you but will always know where you live and how to reach you.

Name		Street Address	
City	State	Zip Code	Telephone Number ()

Settlement Information

At this time, what would you accept to settle your complaint?

Complaint Information

Have you filed this charge with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, name of agency?	Date Filed
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Statistical Information

Complainant Sex

Complainant Race (check appropriate box or boxes)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Unknown |