

## Complaint Under Business (Plant) Closing and Mass Layoff Law

Office Use Only

**NOTICE REQUIRED UNDER Section 15.04(1) (m), Wisconsin Statutes.** Authorization for this form is provided under Section 109.07(4) (a), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint with the Equal Rights Division, you must submit a written document containing the information sought by this form. This information is used for the purpose of processing your complaint and maintaining the division's records. Personal information you provide may be used for secondary purposes. The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

- This law applies to businesses with 50 or more employees in the State of Wisconsin.
- Businesses that employ fewer than 50 employees do not have to give notice of a business (plant) closing or other layoffs.
- If the law applies, employers must give 60-day's advance notice of layoffs.
- At least 25 employees (in some situations more) must be affected by the layoffs before notice is required.
- For more detailed information, please refer to publication [ERD-9006-P, "Employee Rights Under Wisconsin's Business \(Plant\) Closing and Mass Layoff Law"](#).

**Please Type or Print in Black Ink All Applicable Information**

### Complainant Information

Title Mr.    Ms.    Mrs.		
Complainant Name		
Complainant Street Address		
City	State	Zip Code
Complainant Date of Birth		
Complainant Telephone Number		
Complainant Email Address		

### Respondent Information

Business Name		
Business Street Address		
City	State	Zip Code
County Name		
Owner/Corporation Name		
Type Of Business		
Telephone Number		

### Employment Information

I have been laid off by the business	I am soon to be laid off or	I am the highest municipal official
I have been discharged by the business	discharged by the business	I am a union representative
Name of the Wisconsin employment site where the business (plant) closing or mass layoff has or will occur		
Street Address	City	State <b>WI</b>
		Zip Code
Name of a company official to contact for further information	Telephone Number	
What is the date of the business (plant) closing or the date you were laid off?		

**You Must Also Complete Page 2 of This Form**

What is the estimated number of employees this business employs in the State of Wisconsin?				
What is the estimated number of employees who lost their employment due to the business (plant) closing or mass layoff?				
Does the employer operate in any other location in Wisconsin? Yes      No		If Yes, where?		
Did the closing or layoff affect all sites? Yes      No		If No, which sites are still open?		
Did the employer give employees a written notice of the business (plant) closing or mass layoff? Yes      No <b>If Yes, include a copy with this complaint.</b>				If Yes, date of notice.
Is there a call back date? Yes      No		If Yes, provide the date		
Has the employer filed for bankruptcy protection? Yes      No      Don't Know		If Yes, date filed?	Where Filed	Case Number
Is the employer in receivership under § 128, Wis. Stats.? Yes      No      Don't Know		If Yes, date filed?	Where Filed	Case Number
Is there a union representing the employees? Yes      No				
If Yes, give the name of union local				
Union Local Street Address		City	State	Zip Code      Telephone Number
Name of someone who does not live with you but who will always know how to contact you				
Contact Street Address		City	State	Zip Code      Telephone Number

**Explanation Of The Complaint**

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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. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

<b>Complainant Signature</b>	<b>Date Signed</b>
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**Please return the completed Form and a copy of your W-2 Form to:  
DEPARTMENT OF WORKFORCE DEVELOPMENT  
EQUAL RIGHTS DIVISION  
PO BOX 8928; MADISON WI 53708**

**If you have any questions call (608) 266-6860**