APPENDIX F
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator	Phone (Voice)	Phone (TDD)
Jennifer Holtger	(715) 732 -7417	( ) -
Name of Complainant		Phone ( ) -

Address (number, street, city, state, zip code)

Basis for Service Delivery or Employment Discrimination Complaint: In service delivery, discrimination is prohibited on the following basis: Age, color, disability, national origin, religion, political belief or affiliation (apply to USDA-FNS programs only), race, sex or retaliation for filing a complaint, or for assisting with a complaint, opposing discrimination in a program, service or activity.

Employment discrimination is prohibited on the basis of: age (over 40), national origin or ancestry, arrest record, conviction record, color, creed or religion, disability or association with a person with a disability, genetic testing, honesty testing, marital status, pregnancy or childbirth, military service, race, sex, sexual orientation, use or non use of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

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 - Complainant or Complainant Representative	Date Signed

Children and Families
DCF-F-156-E

Health Services
F-00166

Workforce Development
DETS-16707-E (R. 10/2009)

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development

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 FORM

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?

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

Instructions for Completing Employment or Service Delivery Discrimination Complaint (Appendix F)

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, military participation, or use or non use of lawful products off the employers or service providers premises during non-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. You're right to appeal a decision or to request a State administrative 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 for the United States Department of Agriculture, Food and Nutrition Services (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 ( ) - or TDD ( ) - .

Send the completed 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 a state agency listed below.

PROGRAM	STATE AGENCY
Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),	**Wisconsin Department of Children and Families** 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: (608) 266-5335 TTY: 1-800-864-4585
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the Wisconsin Department of Health Services	**Wisconsin Department of Health Services** 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
Wisconsin Workforce Investment Act, and other programs administered by the Wisconsin Department of Workforce Development.	**Wisconsin Department of Workforce Development** ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: (608) 266-6889 TDD: 866-275-1165
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors.	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 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

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

PROGRAM	FEDERAL AGENCY
Formal Discrimination Complaint about any of the above services administered by the Wisconsin Department of Health 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 receiving federal assistance.	Coordination and Review Section - NWB Civil Rights Division U.S. Department of Justice 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530 (888) 848-5306 - English and Spanish (ingles y español) (202) 307-2222 (voice) (202) 307-2678 (TDD) Title VI Hotline: 1-888-TITLE-06 (1-888-848-5306) (Voice / TDD) <u>Disability Complaints:</u> U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530 800-514-0301 (voice) 800-514-0383 (TTY) (also in Spanish)
Formal Discrimination Complaint for the Supplemental Nutrition Assistance Program (SNAP) (Formerly known as the Food Stamp Program at the Federal level) FoodShare (Formerly known as the Food Stamps in Wisconsin), WIC, TEFAP and the Food Stamp Employment and Training (FSET) 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)