



Wis. Stats. s. 111.321  
Wis. Stats ss. 230.04 (13m) & 230.34 (1)(a)  
2019 Executive Order 1

## RESPECTFUL WORKPLACE COMPLAINT

Instructions: To file a complaint under the *Wisconsin Human Resources Handbook* Chapter 440 – Respectful Workplace Policy and Complaint Procedure, complete this form and submit it to your EEO Professional or a member of management.

**By completing this form, I acknowledge that the information contained within the complaint is complete and truthful.**

Contact your EEO professional if you need assistance completing this form. If completed by hand, submit additional pages as needed.

| Complaint Information       |                           |
|-----------------------------|---------------------------|
| Complainant Name            | Date Submitted            |
| Job Title                   | Immediate Supervisor Name |
| Agency/Division/Institution |                           |
| Preferred Phone Number      | Preferred Email Address   |
| Preferred Mailing Address   |                           |

| Complaint Details                                                                                                                                                                                                            |                                                                        |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. Basis for Complaint: <input type="checkbox"/> Bullying <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Hostile Work Environment <input type="checkbox"/> Retaliation |                                                                        |                                                                                       |
| 2. Check the categories (if any) that you believe may have contributed to the incident(s) in your complaint.                                                                                                                 |                                                                        |                                                                                       |
| <input type="checkbox"/> Race                                                                                                                                                                                                | <input type="checkbox"/> Sex or Gender Identity/Expression             | <input type="checkbox"/> Veteran Status or Military Service                           |
| <input type="checkbox"/> Color                                                                                                                                                                                               | <input type="checkbox"/> Sexual Orientation                            | <input type="checkbox"/> Arrest/Conviction Record                                     |
| <input type="checkbox"/> National origin (ancestry)                                                                                                                                                                          | <input type="checkbox"/> Pregnancy or Birth of a Child                 | <input type="checkbox"/> Genetic Testing                                              |
| <input type="checkbox"/> Age (40+ only)                                                                                                                                                                                      | <input type="checkbox"/> Marital or Familial Status                    | <input type="checkbox"/> Honesty testing (polygraph)                                  |
| <input type="checkbox"/> Religion (creed)                                                                                                                                                                                    | <input type="checkbox"/> Disability                                    | <input type="checkbox"/> Political Affiliation                                        |
| <input type="checkbox"/> Physical Condition                                                                                                                                                                                  | <input type="checkbox"/> Developmental Disability                      |                                                                                       |
| <input type="checkbox"/> Use or nonuse of lawful products off-site during nonworking hours                                                                                                                                   | <input type="checkbox"/> I filed a discrimination complaint previously | <input type="checkbox"/> I participated in an investigation                           |
| <input type="checkbox"/> My employer thinks I participated in a complaint or investigation                                                                                                                                   | <input type="checkbox"/> I opposed discrimination in the workplace     | <input type="checkbox"/> I declined to participate in religious or political matters. |
| <input type="checkbox"/> Other:                                                                                                                                                                                              |                                                                        |                                                                                       |

3. Provide a brief description of each incident that you believe violated the Respectful Workplace Policy and Complaint Procedure (WHRH Chapter 440). Include the nature of the complaint, date the incident(s) occurred, the person(s) who engaged in the behavior, their relationship to you, your reaction to the incident(s), and a list of witnesses who you feel would be able to confirm your allegation(s) or who may have experienced similar treatment.



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4. Have you, or anyone else, asked the person engaging in this unwelcome behavior to stop the behavior?

☐ Yes ☐ No

If yes, explain who asked, when, what was stated, and what the response was.

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5. Have you attempted to resolve your concerns before filing this complaint?

☐ Yes ☐ No

If yes, describe all efforts you have made. Please include the dates, the person(s) you involved (e.g., a supervisor, HR, etc.), the manner (e.g., written, verbal, email, etc.) and their response to your concerns.

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6. Have you filed any other complaints either within your agency or externally (e.g., ERD, EEOC, etc.) related to issues or persons referenced in this complaint?

☐ Yes ☐ No

If yes, list the date and agency with which you filed the complaint.

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7. How do you think this issue could be resolved?

**FOR OFFICE USE ONLY**

Date Received:

Received By (name and title):

Completed by (if other than complainant)

Complaint Number: