Rock County Human Services

Civil Rights Discrimination Complaint Form

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| Section 1 | | | | | |
| Name: | | | Address: | | |
| Home Phone: | | Cell: | | Work: | |
| What special accommodations do you need for us to communicate with you about this complaint: | | | | | |
| Section 2 | | | | | |
| Are you filing this complaint on your own behalf? | | | | Yes\* | No |
| \* If you answered "Yes" to this question, go to Section 3. | | | | | |
| If no, please supply the name and relationship of the person for who you are bringing the complaint: | | | | | |
| Please explain your reason for submitting this complaint on behalf of the person listed above: | | | | | |
| Please attach a Release of Information form signed by the aggrieved party if you are filing on behalf of a third party. Form attached: | | | | Yes | No |
| Section 3 | | | | | |
| I believe that I have been discriminated against on the basis of: (check applicable). | | | | | |
| Race | Color | Age | Gender | Disability | Religion |
| National origin or ancestry | | | Other Specify: | | |
| Section 4 | | | | | |
| Date of Alleged Discrimination (Month, Day, Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include name of the person(s) involved and names of witnesses. If more space is needed, please use additional pages.  over | | | | | |
| Section 5 | | | | | |
| Have you previously filed a Civil Rights complaint with us? | | | | Yes | No |
| Section 6 | | | | | |
| Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? | | | | | |
| Check if yes: | fed. agency | state agency | local agency | federal court | state court |
| Please provide contact information at the agency/court where the complaint was filed | | | | | |
| Name: | | | | | |
| Title: | | | | | |
| Agency/Court: | | | | | |
| Address: | | | | | |
| Telephone: | | | | | |

**Email completed form to** [**jodi.parson@co.rock.wi.us**](mailto:jodi.parson@co.rock.wi.us) **or mail to HSD Administration PO Box 1649, Janesville, WI 53547. You may also drop off the form at HSD Administrative offices at 1717 Center Avenue, Janesville, WI.**