

City of Sun Prairie

300 East Main Street, Sun Prairie, WI 53590
PH: (608) 825-1158

Case No.

COMPLAINT OF DISCRIMINATION

COMPLAINANT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone: _____

RESPONDENT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

COMPLAINANT'S CONTACT PERSON (Name someone (other than spouse) who would know how to reach Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

THIS COMPLAINT CONCERNS:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Public Accommodations |
| <input type="checkbox"/> Employment | <input type="checkbox"/> City Services |

IN REFERENCE TO:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sex _____ | <input type="checkbox"/> Student | <input type="checkbox"/> National Origin/Ancestry _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Political Beliefs _____ | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Age/ DOB _____ | <input type="checkbox"/> Physical Appearance _____ | <input type="checkbox"/> Domestic Partners |
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Disability _____ | <input type="checkbox"/> Less Than Honorable Discharge from the Military | <input type="checkbox"/> Gender Identity _____ |
| <input type="checkbox"/> Arrest Record | <input type="checkbox"/> Familial Status _____ | <input type="checkbox"/> Genetic Identity |
| <input type="checkbox"/> Conviction Record | <input type="checkbox"/> Source of Income _____ | <input type="checkbox"/> Victim of Domestic Abuse, Sexual Assault or Stalking (housing) |
| <input type="checkbox"/> Non-Religion | <input type="checkbox"/> Homelessness | |
| <input type="checkbox"/> Religion _____ | | |
| <input type="checkbox"/> Sexual Orientation _____ | | |
| <input type="checkbox"/> Marital Status _____ | | |

EXPLAIN WHAT WAS DONE THAT YOU BELIEVE WAS DISCRIMINATORY

1. Which protected class(es) do you feel you were discriminated against? (While you may identify yourself as a member of many protected classes, it is only necessary to note the class(es) you feel you were discriminated against in your complaint, i.e., disability)

