



Nondiscrimination Complaint Relating to External Persons/Entities

Form complies with Title VI of the Civil Rights Act of 1964. Completion of the form is voluntary; however, lack thereof will prevent or delay processing.

INSTRUCTIONS: The WI Department of Military Affairs, as a recipient of federal funding, is required to ensure that no one is excluded from participation in, denied the benefits of, or subjected to discrimination with respect to any federally assisted program or activity because of race, color, national origin, sex, age or disability. Those who wish to file a complaint of discrimination with Wisconsin Emergency Management should provide the information requested in the form below to the best of their ability. Completing this form and providing the requested information is optional. Information provided on this form and information generated as part of the complaint review process may be subject to Wisconsin's Public Records Law. Complaints may be orally filed by calling (608) 242-3163. Otherwise, mail, fax, or email this completed form to:

Email: DMAStateComplaints@widma.gov

Fax: (608) 242-3168

U.S. Mail: Department of Military Affairs
 State Human Resources Equity and Inclusion Officer
 2400 Wright St.
 Madison, WI 53708

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| SECTION 1 Personal Information- this information is preferred but not required. The Department of Military Affairs (DMA) will accept anonymous complaints, although the absence of identifying information about the Complainant may affect the ability of DMA to respond and/or another government agency to investigate. | | |
| NAME | PHONE NUMBER | EMAIL ADDRESS |
| STREET ADDRESS OR P.O. BOX | | |
| CITY | STATE | ZIP CODE |

| | | |
|---|-------|----------|
| SECTION 2 Organization that you wish to file a complaint against | | |
| NAME OF ORGANIZATION | | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

| | |
|---|---|
| SECTION 3 Detailed description of alleged incident | |
| Which of the following describes the nature of the discrimination involved? | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability |

DATE(S) OF ALLEGED INCIDENT

LOCATION(S) OF ALLEGED INCIDENT

NAMES OF PARTIES INVOLVED AND THEIR ROLE (INCLUDING WITNESSES)

Please explain in detail what happened and how you or other persons were discriminated against. Please attach any written materials or documentation pertaining to your complaint.

SECTION 4 Remedy

What remedy do you seek for this complaint to be resolved to your satisfaction?

SECTION 5 Signature (electronic is acceptable)

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|