

HEALTH FREEDOM

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Steps to Contest COVID-19 Employer Discrimination

If you have been fired, demoted or otherwise discriminated against by your employer for making your own medical decisions regarding COVID-19, make sure to do the following.

STEP 1: FILE A COMPLAINT WITH THE EEOC.

The Equal Employment Opportunity Commission is the federal agency responsible for investigating discrimination, harassment and retaliation in the workforce. You can file a complaint [here](#).

- <https://www.eeoc.gov/filing-charge-discrimination>
- This claim must be filed within six months of the date of discrimination.
- Federal law prohibits discrimination on many grounds, including religion and actual or perceived disability, two areas that employers have widely discriminated against during the COVID pandemic. You can list more than one category.
- The EEOC may contact you about opening an investigation into the claimed discrimination.
- If you have a lawyer, the EEOC may grant you a “right to sue” letter. This is required in order to bring a lawsuit for violation of federal anti-discrimination laws.
- We recommend that you consult an attorney with additional questions, and for guidance on your specific rights.

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STEP 2: FILE A COMPLAINT WITH YOUR STATE GOVERNMENT.

Every state has an agency dedicated to enforcing its own anti-discrimination laws.

Alabama	No state agency. Must file with EEOC.
Alaska	<p>Alaska State Commission for Human Rights: https://humanrights.alaska.gov/services/complaints/</p> <p>To file a complaint: You must have your complaint drafted, notarized and filed with the Commission within 300 days of the alleged discriminatory act. The website address for preparing a complaint is at:</p> <p>https://na3.docusign.net/Signing/?insession=1&ti=4c2af4f07bc34d6ab84a8493ec0a5ba3</p>
Arizona	<p>Arizona Attorney General's office</p> <p>Time Limits to File with the Civil Rights Division:</p> <p>If a person thinks they have been discriminated against with respect to employment, they must file their complaint with the Civil Rights Division within 180 days. The length of time available to file a complaint with the Attorney General's Office varies depending on the area of discrimination. Be sure to find out which time period is applicable to your particular circumstance.</p> <p>(https://www.azag.gov/civil-rights/discrimination/employment) File complaint at: https://www.azag.gov/complaints/civil-rights</p>
Arkansas	No state agency. Must file with EEOC.
California	<p>Department of Fair Employment and Housing (DFEH)</p> <p>Website: dfeh.ca.gov</p> <p>Instructions for Filing a Complaint with links to their online system:</p> <p>https://www.dfeh.ca.gov/ComplaintProcess/#fileComplaintBody</p>

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Colorado	<p>Colorado Division of Civil Rights Website: https://ccrd.colorado.gov/</p> <p>Portal for starting civil rights complaint: https://socgov07site.secure.force.com/ColoradoCivilRights/</p> <p>Note: Complaints of employment discrimination must be filed within six months after the alleged discriminatory or unfair employment practice occurred, and if not so filed, it shall be barred.</p> <p>C.R.S. § 24-34-403</p>
Connecticut	<p>Commission on Human Rights and Opportunities (CHRO) Website: https://portal.ct.gov/CHRO</p>
Delaware	<p>Delaware Dept. of Justice, Division of Civil Rights & Public Trust</p> <p>https://attorneygeneral.delaware.gov/publictrust/</p> <p>File Complaint for Discrimination at: https://attorneygeneral.delaware.gov/publictrust/complaint-form/</p>
Florida	<p>Florida Commission on Human Relations: https://fchr.myflorida.com/employment</p> <p>https://fchr.myflorida.com/employment</p> <p>The inquiry must be filed no later than 365 days after the prohibited personnel action (e.g., termination of employment).</p>
Georgia	<p>Georgia Commission on Equal Opportunity, Employment Division Website: https://gceo.georgia.gov/equal-employment-division</p> <p>*Note: This agency prosecutes discrimination FOR STATE GOVERNMENT EMPLOYEES ONLY</p> <p>Complaints must be filed with 180 days of termination or other discriminatory act</p> <p>Portal for filing complaint: https://gceo.georgia.gov/complaints/employment-complaint-form</p> <p>Non-government employees must file with EEOC.</p>

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Hawaii	<p>Hawaii Civil Rights Commission</p> <p>Website: https://labor.hawaii.gov/hcrc/about-us/ Website for Filing</p> <p>Pre-Complaint Questionnaire: https://labor.hawaii.gov/hcrc/files/2021/11/PCQ-Employment-2015-fillable-form-final-10-21-21.pdf</p> <p>Note: All complaints must be filed with the HCRC within 180 days of: 1) the alleged discriminatory practice, or 2) the date of the most recent occurrence in a pattern of ongoing discrimination.</p>
Idaho	<p>Idaho Human Rights Commission</p> <p>Website: https://humanrights.idaho.gov/</p> <p>To submit a Complaint Questionnaire, visit: https://www2.labor.idaho.gov/IHRCQ</p> <p>Note: A charge of discrimination must be filed within the time limits imposed by law, generally within 300-365 days of the alleged act of discrimination.</p>
Illinois	<p>State of Illinois, Department of Human Rights (ACT)</p> <p>Website: https://www2.illinois.gov/dhr/Pages/default.</p> <p>File Complaint at: https://www2.illinois.gov/dhr/FilingCharge/Documents/CIS_Emp_PA_FC_SH.rev03.2021.vf.pdf</p> <p>Note: A discrimination charge can be initiated by calling, writing or appearing in person at the Department's Chicago or Springfield office within 300 days of the date the alleged discrimination took place</p>
Indiana	
Iowa	
Kansas	<p>Kansas Human Rights Commission Website:</p> <p>http://www.khrc.net/</p> <p>Filing a Charge (Employment Intake Questionnaire) at: https://www.surveymonkey.com/r/IntakeQuestionnaire-11-2016</p>

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Kentucky	<p>Kentucky Commission on Human Rights Website:</p> <p>https://kchr.ky.gov/Pages/index.aspx</p> <p>To submit an inquiry for a potential complaint, go to: https://secure.kentucky.gov/formservices/KCHR/Complaint/</p> <p>Note: for employment discrimination complaints, file inquiry within 180 days of discriminatory act.</p>
Louisiana	<p>Louisiana Commission on Human Rights (LCHR) Website:</p> <p>https://www.gov.louisiana.gov/page/lchr Employer must have at least 20 employees.</p> <p>REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days</p>
Maine	<p>Maine Human Rights Commission</p> <p>Website: https://www.maine.gov/mhrc/mhrc/home To file an Intake Form, visit: https://mainehumanrightscommission.formstack.com/forms/intake</p> <p>A complaint must be filed within 300 days of the date of discrimination.</p>
Maryland	<p>Maryland Commission for Civil Rights (MCCR)</p> <p>Website: https://mccr.maryland.gov/Pages/default.aspx</p> <p>For employers with 15 or more employees, can initiate an inquiry at: https://doit.state.md.us/selectsurvey/TakeSurvey.aspx?PageNumber=1&SurveyID=7423578&Preview=true#</p> <p>Note: Complaints of employment must be filed within 300 days of the alleged unlawful incident.</p>

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Massachusetts	<p>Massachusetts Commission Against Discrimination (MCAD)</p> <p>Website: https://www.mass.gov/orgs/massachusetts-commission-against-discrimination</p> <p>To Start the Complaint process, go to: https://www.mass.gov/decision-tree/check-your-eligibility-to-file-a-discrimination-complaint</p> <p>Note: A complaint must be filed within 300 days of the last act of discrimination.</p>
Michigan	<p>Michigan Dept. of Civil Rights</p> <p>Website: https://www.michigan.gov/mdcr/commission</p> <p>To file complaint, visit: https://dtmb.state.mi.us/MDCRRRequestforService/RequestComplaint</p> <p>Note: incident must have occurred within 180 days of filing the complaint.</p>
Minnesota	<p>Minnesota Dept. of Human Rights Website:</p> <p>https://mn.gov/mdhr/To file a complaint, visit:</p> <p>https://mn.gov/mdhr/intake/consultationinquiryform/</p>
Mississippi	<p>No state agency. Must file with EEOC.</p>
Missouri	<p>Dept of Labor & Industrial Relations, Missouri Commission on Human Rights (MCHR)</p> <p>Website:</p> <p>https://labor.mo.gov/discrimination Covers employer with 6 or more employees</p> <p>Must file complaint within 180 days of occurrence.</p> <p>To begin complaint process, visit:</p> <p>https://laborwebapps.mo.gov/mohumanrights/File_Complaint</p>

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Montana	<p>Montana Dept. of Labor & Industry, Employment Relations Division Website:</p> <p>https://erd.dli.mt.gov/</p> <p>How to File a Self-Drafted Complaint (https://erd.dli.mt.gov/human-rights/filing-a-complaint/)</p> <p>The following guidance will assist you in drafting and filing a complaint of discrimination with the Human Rights Bureau. If you have additional questions, contact HRB at (800) 542-0807.</p> <p>Filing Deadline: A complaint must be filed within 180 days after the alleged act of discrimination occurred or was discovered.</p>
Nebraska	<p>Nebraska Equal Opportunity Commission</p> <p>Website: https://neoc.nebraska.gov/rights/rights.html As to employers with 15 or more employees</p> <p>Note: Must file complaint within 300 days of the discriminatory act.</p> <p>Submit pre-complaint inquiry at: https://neoc.nebraska.gov/contact/contact.html</p>
Nevada	<p>Nevada Equal Rights Commission (NERC) Website:</p> <p>https://detr.nv.gov/NERC</p> <p>NOTE: Your complaint must be filed within 300 days from the last alleged discriminatory act. The company against whom you are claiming discrimination must employ a total of 15 or more employees (total workforce - Nevada and elsewhere).</p>
New Hampshire	<p>New Hampshire Commission for Human Rights Website:</p> <p>https://www.nh.gov/hrc/index.html</p> <p>Note: A charge MUST be filed within 180 days of the last date of discrimination.</p> <p>Employment Discrimination Intake Questionnaire form: https://www.nh.gov/hrc/documents/employmentintake.pdf</p>

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<p>New Jersey</p>	<p>Department of Civil Right (DCR)</p> <p>Website: https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/division-on-civil-rights-file-a-complaint/</p> <p>New Jersey Bias Investigation Access System Register/Set Up</p> <p>Account at:</p> <p>https://bias.njcivilrights.gov/en-US/Account/Login/Register?returnUrl=%2Fen-US%2Fdcr-complaint-intake-home%2Fdcr-employment-complaint-intake%2F</p>
<p>New Mexico</p>	<p>Department of Workforce Solutions</p> <p>Website: https://www.dws.state.nm.us/Filing-a-Charge-of-Discrimination</p> <p>Note: Must file Complaint/Charge within 300 days of the most recent act of alleged discrimination.</p> <p>Human Rights Bureau Discrimination Inquiry Form at: https://hrb.dws.state.nm.us/</p>
<p>New York</p>	<p>New York State Attorney General’s Office, Civil Rights Bureau Website:</p> <p>https://ag.ny.gov/bureau/civil-rights</p> <p>Civil Rights Bureau Complaint Form: https://formsnym.ag.ny.gov/OAGOnlineSubmissionForm/faces/OAGCRBHome;jsessionid=fwW_ePorRMwSOoVfITROJAPV7Ynm5N8alyR1tLB1rNyEsj7uwyp!-1172169707</p>
<p>North Carolina</p>	<p>No state agency. Must file with EEOC.</p>
<p>North Dakota</p>	<p>North Dakota Labor and Human Rights</p> <p>Website: https://www.nd.gov/labor/human-rights</p> <p>Note: you must file your charge no later than 300 days from the “last date of harm” – the date you believe the most recent discriminatory event occurred.</p> <p>To submit a charge of discrimination, visit: https://www.nd.gov/labor/submit-charge-discrimination</p>

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Ohio	<p>Ohio Civil Rights Commission</p> <p>Website: https://www.crc.ohio.gov/Home.aspx</p> <p>For filing an On-line charge, visit: https://ocrccharges.seamlessdocs.com/w/OCRCemp352</p>
Oklahoma	<p>Office of the Oklahoma Attorney General, Civil Rights Enforcement Unit</p> <p>Website: https://www.oag.ok.gov/civil-rights-enforcement</p> <p>Note: Employment Discrimination Complaints must be filed within 180 days from the last alleged unlawful employment practice or the right to legal relief may be lost.</p> <p>Employment discrimination complaint form located at: https://www.oag.ok.gov/sites/g/files/gmc766/f/employmentdiscriminationcomplaintformrev_02-18.pdf</p>
Oregon	<p>Oregon Bureau of Labor & Industries</p> <p>Website: https://www.oregon.gov/boli/civil-rights/pages/default.aspx</p> <p>Complete a Employment Discrimination Questionnaire at: https://www.oregon.gov/boli/workers/Pages/employment-discrimination-questionnaire.aspx</p> <p>Note: For most claims, you must file a complaint within one year of the date of any discriminatory action/harm.</p>
Pennsylvania	<p>Commonwealth of Pennsylvania Bureau of Equal Opportunity Investigations</p> <p>To file a complaint for discrimination, go to: https://www.oa.pa.gov/Programs/eo/Documents/std-486c-discrimination-complaint-form.pdf</p> <p>To appeal an unfavorable decision as to the complaint, go to: https://www.oa.pa.gov/Programs/eo/Documents/std-486a-discrimination-complaint-appeal-form.pdf</p>

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<p>Rhode Island</p>	<p>Rhode Island Commission for Human Rights Website: http://www.richr.ri.gov/</p> <p>For an Employment Discrimination Questionnaire, go to: http://www.richr.ri.gov/documents/EmploymentIQ.pdf</p> <p>Note: Persons who feel they have been discriminated against have one (1) year from the date of alleged harm to file their charge with the Commission.</p> <p>Option No. 2 (Can File a Complaint with Both Agencies) State of Rhode Island, Attorney General's Office</p> <p>Website: https://riag.ri.gov/</p> <p>To submit a Civil Rights Complaint Form, go to: https://riag.ri.gov/forms/civil-rights-complaint</p>
<p>South Carolina</p>	<p>South Carolina Human Affairs Commission</p> <p>Website: http://schac.sc.gov/employment-discrimination</p> <p>Instructions for filing an employment complaint are at: https://schac.sc.gov/filing-complaint</p> <p>For the Online submission complaint form, go to: https://sc.accessgov.com/humanaffairs/Forms/Edit/humanaffairs/c14448b5-6ea5-4698-84ff-179db5fa968c/0</p>
<p>South Dakota</p>	<p>South Dakota Dept. of Labor & Regulation Division of Human Rights</p> <p>Website: https://dlr.sd.gov/human_rights/discrimination.aspx</p> <p>For the complaint form, go to: https://www.state.sd.us/eforms/secure/eforms/E2014v3-CP_Intake_form_employment.pdf</p>
<p>Tennessee</p>	<p>Tennessee Human Rights Commission Website: https://www.tn.gov/humanrights</p> <p>Online complaint form: https://stateoftennessee.formstack.com/forms/2019_complaint_form</p>

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<p>Texas</p>	<p>Texas Workforce Commission</p> <p>Website: https://www.twc.texas.gov/jobseekers/how-submit-employment-discrimination-complaint</p> <p>.</p> <p>To file a complaint, employer must have at least 15 employees, and; The date of discrimination must have occurred within the last 180 days from the date you are submitting the complaint.</p> <p>Online Complaint Form: https://powerforms.docusign.net/e5e9a135-597f-4a67-8e75-d1246fe9d86e?</p> <p>env=na3&acct=7211740a-6ad2-45c1-bad5-cf8698609c41&accountId=7211740a-6ad2-45c1-bad5-cf8698609c41</p>
<p>Utah</p>	<p>Utah Labor Commission</p> <p>Utah Antidiscrimination and Labor Division</p> <p>Website: https://laborcommission.utah.gov/divisions/utah-antidiscrimination-and-labor-uald/</p> <p>Note: Employer must have at least 15 employees. You must also file your charge of employment discrimination with UALD within 180 days of when you learned of the last alleged discriminatory act.</p> <p>Initial Intake Questionnaire for filing complaint: https://laborcommission.utah.gov/wp-content/uploads/2019/11/Employment-Questionnaire-Fillable.pdf</p>
<p>Vermont</p>	<p>State of Vermont, Human Rights Commission Website:</p> <p>https://hrc.vermont.gov/how-to-file</p> <p>For employees of the State of Vermont, go to the complaint form at: https://ago.vermont.gov/employment-discrimination-form/</p> <p>Office of the Vermont Attorney General, Civil Rights Unit Website: https://ago.vermont.gov/about-the-attorney-generals-office/divisions/civil-rights/</p> <p>[For all other employees (non-state government)] Fill Out Employment Discrimination Questionnaire: https://ago.vermont.gov/wp-content/uploads/2018/05/Employment-Discrimination-Complaint-Form.pdf</p>

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Virginia	<p>Office of the Attorney General – Office of Civil Rights</p> <p>Website: https://www.oag.state.va.us/programs-initiatives/civil-rights</p> <p>Complaint Questionnaire: https://www.oag.state.va.us/files/OCR/OCR-COMPLAINT-FORM-2021-7-1-fillable.pdf</p>
Washington	<p>Washington State Human Rights Commission Website:</p> <p>https://www.hum.wa.gov/employment</p> <p>Complaint form: https://www.hum.wa.gov/sites/default/files/public/complaint-form/Employment_Inquiry_Form_V1.8_Fillable_.pdf</p>
West Virginia	<p>West Virginia Human Rights Commission Website:</p> <p>https://hrc.wv.gov/Pages/default.aspx</p> <p>Pre-Complaint form: https://hrc.wv.gov/Links/Documents/Employment%20Background%20Information%20Form.pdf</p>
Wisconsin	<p>Wisconsin Department of Workforce Development</p> <p>Website: https://dwd.wisconsin.gov/er/civilrights/discrimination/default.htm</p> <p>Go to “Filing a Complaint” and click on Fair Employment complaint form (English or Spanish)</p> <p>(Complaint form in Word is included at end of this document)</p>
Wyoming	<p>Wyoming Dept. of Workforce Services</p> <p>Website: http://www.wyomingworkforce.org/workers/labor/rights/Intake</p> <p>Questionnaire for Employment Complaint Process:</p> <p>http://www.wyomingworkforce.org/_docs/labor/General-Intake-Questionnaire.pdf</p>

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Like federal law, many state laws prohibit discrimination in the workplace. List as many categories and types of discrimination as appropriate, and consult an attorney in your state for additional information.

As with the EEOC, you can ask your state agency to investigate the discrimination or grant you a right-to-sue letter so you can file a lawsuit yourself.

STEP 3: FILE A CIVIL LAWSUIT.

HFDF is working with lawyers across America to help bring lawsuits for people who have been discriminated against during the COVID-19 pandemic. If you would like more information, please contact us.

Supplemental EEOC Information

Where to File Claims for Employment Discrimination in All 50 States

May 16, 2022

Alabama:

Alabama does not have an administrative agency for filing discrimination charges/complaints. You must file with the U.S. Equal Employment Opportunity Commission (EEOC) at: www.eeoc.gov/. The EEOC Birmingham field office page states:

Please be advised that due to the current health situation, EEOC's Field Offices have temporarily stopped conducting in-person intake interviews. If you have previously scheduled in-person intake appointment, your appointment will be changed to a telephone interview. The office will not accept walk-ins at this time. You are encouraged to visit the EEOC Public Portal (<https://publicportal.eeoc.gov/>) to schedule an intake appointment by telephone. The system can also be accessed by going directly to our website at <https://www.eeoc.gov/>.

If you are near a filing deadline (at least 180 days but generally 300 days) please call 1-800-669-4000.

For individuals who are Deaf and Hard of Hearing, you can reach EEOC by videophone at 1-844-234-5122. If you have a disability which prevents you from accessing the Public Portal or you otherwise have difficulty with accessing the portal, please call 1-800-669-4000.

(<https://www.eeoc.gov/field-office/birmingham/location>)

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Alaska

Alaska State Commission for Human Rights

<https://humanrights.alaska.gov/services/complaints/>

To file a complaint: You must have your complaint drafted, notarized and filed with the Commission within **300 days** of the alleged discriminatory act. Website address for preparing a complaint is at:

<https://na3.docusign.net/Signing/?insession=1&ti=4c2af4f07bc34d6ab84a8493ec0a5ba3>

Arizona

Arizona Attorney General's office

Time Limits to File with the Civil Rights Division

If a person thinks they have been discriminated against with respect to employment, they must file their complaint with the Civil Rights Division within **180 days**. The length of time available to file a complaint with the Attorney General's Office varies depending on the area of discrimination. Be sure to find out which time period is applicable to your particular circumstance.

(<https://www.azag.gov/civil-rights/discrimination/employment>)

File complaint at: <https://www.azag.gov/complaints/civil-rights>

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Arkansas

No state agency. File complaint with U.S. Equal Employment Opportunity Commission (EEOC)

More information about filing a charge with the EEOC can be found at <http://www.eeoc.gov/employees/howtofile.cfm>. You can contact the EEOC at:

EEOC's Memphis District Office

1407 Union Avenue

9th Floor

Memphis, TN 38104

Phone: (800) 669-4000

TTY: (800) 669-6820

Office Hours: Monday - Friday from 8:00 a.m. - 4:30 p.m.

If you are unable to file a claim in person, you are able to file a charge by mail by sending a letter that includes the following information:

- Your name, address, and telephone number
- The name, address and telephone number of the employer (or employment agency or union) you want to file your charge against
- The number of employees employed there (if known)
- A short description of the events you believe were discriminatory (for example, you were fired, demoted, harassed)
- When the events took place
- Why you believe you were discriminated against (for example, because of your race, color, religion, gender (including pregnancy), national origin, age (40 or older), or disability)
- Your signature

Don't forget to sign your letter. You must sign the letter in order for the EEOC to investigate your claim. Your letter will be reviewed and if more information is needed, the EEOC will contact you. Then, the EEOC will put the information into an official EEOC charge form and ask you to sign it.

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California

Department of Fair Employment and Housing (DFEH)

Website: dfeh.ca.gov

Instructions for Filing a Complaint with links to their online system:

<https://www.dfeh.ca.gov/ComplaintProcess/#fileComplaintBody>

CALIFORNIA (cont'd)

CALIF. DEPT OF FAIR EMPLOYMENT & HOUSING

FILE A COMPLAINT

The First Steps:

If you feel you were the victim of discrimination, DFEH is available to investigate and help settle your complaint. To begin this process, gather the information listed below and file an intake form in one of three ways:

- Online by creating an account and using our interactive [Cal Civil Rights System, CCRS](#)
- By mail using a printable [intake form](#)
- By calling using information on our [contact us](#) page

If you decide to use the DFEH investigation process, you will need to gather the following:

- The specific facts and any records about the incident(s), including the name and contact information of the person or entity you believe harmed you (if known);
- Copies of any documents or other evidence related to your complaint; and
- The names and contact information of any witnesses (if known).

In employment cases, you must do this [file a complaint] within three years of the date you were harmed. In most other cases, you must do this within one year of the date you were harmed. In employment cases only, you must obtain from DFEH a Right-to-Sue notice before filing your own lawsuit in court. If you would prefer not to use the DFEH investigation process and instead file your own lawsuit, you can obtain an immediate [Right-To-Sue](#) notice.

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Colorado

Colorado Division of Civil Rights

Website: <https://ccrd.colorado.gov/>

Portal for starting civil rights complaint:

<https://socgov07site.secure.force.com/ColoradoCivilRights/>

Note: Complaints of employment discrimination must be filed within six months after the alleged discriminatory or unfair employment practice occurred, and if not so filed, it shall be barred. C.R.S. § 24-34-403

Connecticut

Commission on Human Rights and Opportunities (CHRO)

Website: <https://portal.ct.gov/CHRO>

CHRO has four different regional offices - Hartford, Bridgeport, Waterbury, Norwich - which receive and resolve cases from individuals who believe they have suffered illegal discrimination.

If the alleged discrimination took place in:

- Avon
- Bloomfield
- Canton
- Collinsville
- East Granby
- Farmington
- Granby
- Hartford
- New Britain
- Newington
- Plainville

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- Rocky Hill
- Simsbury
- Suffield
- West Hartford
- Wethersfield
- Windsor
- Windsor Locks
- Unionville

CONTACT:

CAPITOL REGION OFFICE
[450 Columbus Boulevard](#)
[Hartford, CT 06103](#)

PHONE: [\(860\) 566-7710](tel:(860)566-7710)

FAX: (860) 566-1997

TDD: [\(860\) 566-7710](tel:(860)566-7710)

EMAIL: CHRO.Capitol@ct.gov

Regional Manager: Ronald Simpson

(CONNECTICUT CONT'D)

If the alleged discrimination took place in:

Andover	East Haddam	Hebron
Ashford	East Hampton	Killingly
Bolton	East Hartford	Killingworth
Bozrah	East Lyme	Lebanon
Brooklyn	East Windsor	Ledyard
Canterbury	Ellington	Lisbon
Chaplin	Enfield	Lyme
Chester	Essex	Manchester
Clinton	Franklin	Mansfield
Colchester	Glastonbury	Marlborough
Columbia	Griswold	Montville

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Coventry	Groton	New London
Deep River	Haddam	North Stonington
Eastford	Hampton	Norwich
Old Lyme	Somers	Vernon
Old Saybrook	South Windsor	Voluntown
Plainfield	Sprague	Waterford
Pomfret	Stafford	Westbrook
Portland	Sterling	Willington
Preston	Stonington	Windham
Putnam	Thompson	Woodstock
Salem	Tolland	
Scotland	Union	

CONTACT:

EASTERN REGION OFFICE

[100 Broadway](#)

[Norwich, CT 06360](#)

PHONE: [\(860\) 886-5703](#)

FAX: (860) 886-2550

TDD: [\(860\) 886-5707](#)

EMAIL: CHRO.Eastern@ct.gov

Regional Manager: Lynda Rizzo-Stowe

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If the alleged discrimination took place in:

Ansonia	Canaan	Guilford
Barkhamsted,	Cheshire	Hamden
Beacon Falls	Colebrook	Hartland
Berlin	Cornwall	Harwinton
Bethany	Cromwell	Kent

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Bethlehem	Derby	Litchfield
Branford	Durham	Madison
Bristol	East Haven	Meriden
Burlington	Goshen	Middlebury
Middlefield	Oxford	Wallingford
Middletown	Plymouth	Warren
Milford	Prospect	Washington
Morris	Roxbury	Waterbury
Naugatuck	Salisbury	Watertown
New Hartford	Seymour	West Haven
New Haven	Sharon	Winchester
Norfolk	Shelton	Wolcott
North Branford	Southbury	Woodbridge
North Canaan	Southington	Woodbury
North Haven	Thomaston	Winsted
Orange	Torrington	

CONTACT:

WEST CENTRAL REGION OFFICE
Rowland State Government Center
[55 West Main Street, Suite 210](#)
[Waterbury, CT 06702-2004](#)

PHONE: [\(203\) 805-6530](tel:(203)805-6530)
FAX: (203) 805-6559
TDD: [\(203\) 805-6579](tel:(203)805-6579)
EMAIL: CHRO.WestCentral@ct.gov

Regional Manager: Shawn Burns

HEALTH FREEDOM

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(CONNECTICUT CONT'D)

If the alleged discrimination took place in:

Bethel	Darien	New Canaan
Bridgeport	Easton	New Fairfield
Bridgewater	Fairfield	New Milford
Brookfield	Greenwich	Newtown
Danbury	Monroe	Norwalk
Redding	Stamford	Weston
Ridgefield	Stratford	Westport
Sherman	Trumbull	Wilton

CONTACT:

SOUTHWEST REGION OFFICE
[350 Fairfield Avenue, 6th Floor](#)
[Bridgeport, CT 06604](#)

PHONE: [\(203\) 579-6246](tel:2035796246)
FAX: (203) 579-6950
TDD: [\(203\) 579-6246](tel:2035796246)
EMAIL: CHRO.Southwest@ct.gov

Regional Manager: Jamie Rubin

Delaware

Delaware Dept. of Justice, Division of Civil Rights & Public Trust

<https://attorneygeneral.delaware.gov/publictrust/>

File Complaint for Discrimination at:

<https://attorneygeneral.delaware.gov/publictrust/complaint-form/>

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Florida

Florida Commission on Human Relations: <https://fchr.myflorida.com/employment>

<https://fchr.myflorida.com/employment>

The inquiry must be filed no later than 365 days after the prohibited personnel action (e.g., termination of employment).

Georgia

Georgia Commission on Equal Opportunity, Employment Division

Website: <https://gceo.georgia.gov/equal-employment-division>

This agency prosecutes discrimination FOR STATE GOVERNMENT EMPLOYEES ONLY

Complaints must be filed with 180 days of termination or other discriminatory act

Portal for filing complaint: <https://gceo.georgia.gov/complaints/employment-complaint-form>

For non-government employees, lodge complaints with :

U.S. Equal Employment Opportunity Commission (EEOC)

Website: <https://www.eeoc.gov/how-file-charge-employment-discrimination>

Portal for filing an inquiry and scheduling appt:

<https://publicportal.eeoc.gov/Portal/Forms/NewEditForm.aspx?templated=160&userKey=>

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Hawaii

Hawaii Civil Rights Commission

Website: <https://labor.hawaii.gov/hcrc/about-us/>

Website for Filing Pre-Complaint Questionnaire:

<https://labor.hawaii.gov/hcrc/files/2021/11/PCQ-Employment-2015-fillable-form-final-10-21-21.pdf>

Note: All complaints must be filed with the HCRC within 180 days of: 1) the alleged discriminatory practice, or 2) the date of the most recent occurrence in a pattern of ongoing discrimination.

Idaho

Idaho Human Rights Commission

Website: <https://humanrights.idaho.gov/>

To submit a Complaint Questionnaire, visit: <https://www2.labor.idaho.gov/IHRCQ>

Note: A charge of discrimination must be filed within the time limits imposed by law, generally within 300-365 days of the alleged act of discrimination.

Illinois

State of Illinois, Department of Human Rights (ACT)

Website: <https://www2.illinois.gov/dhr/Pages/default>.

File Complaint at:

https://www2.illinois.gov/dhr/FilingCharge/Documents/CIS_Emp_PA_FC_SH.rev03.2021.vf.pdf

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Illinois cont: Note: A discrimination charge can be initiated by calling, writing or appearing in person at the Department's Chicago or Springfield office within **300 days** of the date the alleged discrimination took place

Indiana

Civil Rights Commission

Website: <https://www.in.gov/icrc/>

To submit a complaint, go to:

<https://icrc.powerappsportals.us/create-complaint/>

Iowa

Civil Rights Commission

Website: <https://icrc.iowa.gov/>

Link to file complaint for

<https://powerforms.docusign.net/2536b1ab-ba05-4f43-a22d-decb142c962a?env=na3-eu1&acct=5a2bc771-d9ab-4641-9f40-5f8712e9bef7&accountId=5a2bc771-d9ab-4641-9f40-5f8712e9bef7>

Kansas

Kansas Human Rights Commission: Website: <http://www.khrc.net/>

File a Charge (Employment Intake Questionnaire) at:

<https://www.surveymonkey.com/r/IntakeQuestionnaire-11-2016>

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Kentucky

Kentucky Commission on Human Rights

Website: <https://kchr.ky.gov/Pages/index.aspx>

To submit an inquiry for a potential complaint, go to:

<https://secure.kentucky.gov/formservices/KCHR/Complaint/>

Note: for employment discrimination complaints, file inquiry within 180 days of discriminatory act.

Louisiana

Louisiana Commission on Human Rights (LCHR)

Website: <https://www.gov.louisiana.gov/page/lchr>

Employer must have at least 20 employees.

REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days

To begin the complaint process file an Employment Discrimination Intake Questionnaire at:

<https://www.gov.louisiana.gov/index.cfm/form/home/26>

Maine

Maine Human Rights Commission: Website: <https://www.maine.gov/mhrc/mhrc/home>

To file an Intake Form, visit:

<https://mainehumanrightscommission.formstack.com/forms/intake>

A complaint must be filed within 300 days of the date of discrimination.

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Maryland

Maryland Commission for Civil Rights (MCCR)

Website: <https://mccr.maryland.gov/Pages/default.aspx>

For employers with 15 or more employees, can initiate an inquiry at:

[https://doit.state.md.us/selectsurvey/TakeSurvey.aspx?PageNumber=1&SurveyID=7423578&P
review=true#](https://doit.state.md.us/selectsurvey/TakeSurvey.aspx?PageNumber=1&SurveyID=7423578&Preview=true#) -

Note: Complaints of employment must be filed within 300 days of the alleged unlawful incident.

Massachusetts

Massachusetts Commission Against Discrimination (MCAD)

Website: <https://www.mass.gov/orgs/massachusetts-commission-against-discrimination>

To Start the Complaint process, go to:

<https://www.mass.gov/decision-tree/check-your-eligibility-to-file-a-discrimination-complaint>

Note: A complaint must be filed within 300 days of the last act of discrimination.

Michigan

Michigan Dept. of Civil Rights

Website: <https://www.michigan.gov/mdcr/commission>

To file complaint, visit: <https://dtmb.state.mi.us/MDCRRRequestforService/RequestComplaint>

Note: incident must have occurred within 180 days of filing the complaint.

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Minnesota

Minnesota Dept. of Human Rights

Website: <https://mn.gov/mdhr/>

To file a complaint, visit: <https://mn.gov/mdhr/intake/consultationinquiryform/>

Mississippi

No state agency for employment discrimination. Submit complaint with EEOC, within 180 days from the date of occurrence. (See page 1, Alabama)

Missouri

Dept of Labor & Industrial Relations, Missouri Commission on Human Rights (MCHR)

Website: <https://labor.mo.gov/discrimination>

Covers employer with 6 or more employees

Must file complaint within 180 days of occurrence.

To begin complaint process, visit:

https://laborwebapps.mo.gov/mohumanrights/File_Complaint

Montana

Montana Dept. of Labor & Industry, Employment Relations Division

Website: <https://erd.dli.mt.gov/>

How to File a Self-Drafted Complaint (<https://erd.dli.mt.gov/human-rights/filing-a-complaint/>)

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Montana cont: The following guidance will assist you in drafting and filing a complaint of discrimination with the Human Rights Bureau. If you have additional questions, contact HRB at (800) 542-0807.

Filing Deadline: A complaint must be filed within **180 days** after the alleged act of discrimination occurred or was discovered.

Form of Complaints: A complaint must contain, at a minimum, the following information:

1. Full name, mailing address, email address and telephone number, if any, of the person making the complaint.
2. Full name, mailing address, email address and telephone number, if any, of the person against whom the complaint is made.
3. Tell us the protected class you believe to be the basis of the alleged discrimination: age, race, color, sex, national origin, religion, creed, disability, marital status, familial status (housing claims only), political belief (government claims only), retaliation, and vaccination status.
4. Include a clear and concise statement of the facts, including pertinent dates, constituting the alleged unlawful discriminatory practice.
5. The verified signature of the person making the complaint. Here is an example of a "verified signature" line:

I swear or affirm that I have read the above charge and I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ EXAMPLE ONLY – DO NOT SIGN _____ Date: _____

Where to file: Complaints may be filed by mail, personal delivery, or fax. **We do not accept email submissions.**

Mail:

Human Rights Bureau

P.O. Box 1728

Helena, MT 59624

Fax: (406) 443-3234

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Nebraska

Nebraska Equal Opportunity Commission

Website: <https://neoc.nebraska.gov/rights/rights.html>

As to employers with 15 or more employees

Note: Must file complaint within 300 days of the discriminatory act.

Submit pre-complaint inquiry at: <https://neoc.nebraska.gov/contact/contact.html>

Nevada

Nevada Equal Rights Commission (NERC)

Website: <https://detr.nv.gov/NERC>

NOTE: Your complaint must be filed within 300 days from the last alleged discriminatory act. The company against whom you are claiming discrimination must employ a total of 15 or more employees (total workforce - Nevada and elsewhere).

Employment Discrimination Form:

<https://detr.nv.gov/nerc/forms/DiscriminationIntakeForm>

New Hampshire

New Hampshire Commission for Human Rights

Website: <https://www.nh.gov/hrc/index.html>

Note: A charge MUST be filed within 180 days of the last date of discrimination.

Employment Discrimination Intake Questionnaire form:

<https://www.nh.gov/hrc/documents/employmentintake.pdf>

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New Jersey

Department of Civil Right (DCR)

Website: <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/division-on-civil-rights-file-a-complaint/>

New Jersey Bias Investigation Access System

Register/Set Up Account at:

<https://bias.njcivilrights.gov/en-US/Account/Login/Register?returnUrl=%2Fen-US%2Fdcr-complaint-intake-home%2Fdcr-employment-complaint-intake%2F>

New Mexico

Department of Workforce Solutions

Website: <https://www.dws.state.nm.us/Filing-a-Charge-of-Discrimination>

Note: Must file Complaint/Charge within 300 days of the most recent act of alleged discrimination.

Human Rights Bureau Discrimination Inquiry Form at: <https://hrb.dws.state.nm.us/>

New York

New York State Attorney General's Office, Civil Rights Bureau

Website: <https://ag.ny.gov/bureau/civil-rights>

Civil Rights Bureau Complaint Form:

https://formsnym.ag.ny.gov/OAGOnlineSubmissionForm/faces/OAGCRBHome;jsessionid=fwW_ePorRMwSOoVfITROJAPV7Ynm5N8alyR1tLB1rNyEsj7uwyp!-1172169707

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North Carolina

File complaint for discrimination with the EEOC (See page 1, Alabama)

North Dakota

North Dakota Labor and Human Rights: Website: <https://www.nd.gov/labor/human-rights>

Note: you must file your charge no later than 300 days from the “last date of harm” – the date you believe the most recent discriminatory event occurred.

To submit a charge of discrimination, visit: <https://www.nd.gov/labor/submit-charge-discrimination>

Ohio

Ohio Civil Rights Commission

Website: <https://www.crc.ohio.gov/Home.aspx>

For filing an On-line charge, visit: <https://ocrccharges.seamlessdocs.com/w/OCRCemp352>

Oklahoma

Office of the Oklahoma Attorney General, Civil Rights Enforcement Unit

Website: <https://www.oag.ok.gov/civil-rights-enforcement>

Note: Employment Discrimination Complaints must be filed within 180 days from the last alleged unlawful employment practice or the right to legal relief may be lost.

Employment discrimination complaint form located at:

https://www.oag.ok.gov/sites/g/files/gmc766/f/employmentdiscriminationcomplaintformrev_02-18.pdf

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Oregon

Oregon Bureau of Labor & Industries

Website: <https://www.oregon.gov/boli/civil-rights/pages/default.aspx>

Complete a Employment Discrimination Questionnaire at:

<https://www.oregon.gov/boli/workers/Pages/employment-discrimination-questionnaire.aspx>

Note: For most claims, you must file a complaint within one year of the date of any discriminatory action/harm.

Pennsylvania

Commonwealth of Pennsylvania
Bureau of Equal Opportunity Investigations

To file a complaint for discrimination, go to:

<https://www.oa.pa.gov/Programs/eo/Documents/std-486c-discrimination-complaint-form.pdf>

To appeal an unfavorable decision as to the complaint, go to:

<https://www.oa.pa.gov/Programs/eo/Documents/std-486a-discrimination-complaint-appeal-form.pdf>

Rhode Island

Rhode Island Commission for Human Rights

Website: <http://www.richr.ri.gov/>

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Rhode Island cont: For an Employment Discrimination Questionnaire, go to:

<http://www.richr.ri.gov/documents/EmploymentIQ.pdf>

Note: Persons who feel they have been discriminated against have one (1) year from the date of alleged harm to file their charge with the Commission.

Option No. 2 (Can File a Complaint with Both Agencies)

State of Rhode Island, Attorney General's Office

Website: <https://riag.ri.gov/>

To submit a Civil Rights Complaint Form, go to:

<https://riag.ri.gov/forms/civil-rights-complaint>

South Carolina

South Carolina Human Affairs Commission

Website: <http://schac.sc.gov/employment-discrimination>

Instructions for filing an employment complaint are at: <https://schac.sc.gov/filing-complaint>

For the Online submission complaint form, go to:

<https://sc.accessgov.com/humanaffairs/Forms/Edit/humanaffairs/c14448b5-6ea5-4698-84ff-179db5fa968c/0>

Click on "Start Form" (blue button)

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South Dakota

South Dakota Dept. of Labor & Regulation

Division of Human Rights

Website: https://dlr.sd.gov/human_rights/discrimination.aspx

For the complaint form, go to: https://www.state.sd.us/eforms/secure/eforms/E2014v3-CP_Intake_form_employment.pdf

Tennessee

Tennessee Human Rights Commission

Website: <https://www.tn.gov/humanrights>

Online complaint form: https://stateoftennessee.formstack.com/forms/2019_complaint_form

Texas

Texas Workforce Commission

Website: <https://www.twc.texas.gov/jobseekers/how-submit-employment-discrimination-complaint>

- To file a complaint, employer must have at least 15 employees, and;
- The date of discrimination must have occurred within the last 180 days from the date you are submitting the complaint.

Online Complaint Form: <https://powerforms.docusign.net/e5e9a135-597f-4a67-8e75-d1246fe9d86e?env=na3&acct=7211740a-6ad2-45c1-bad5-cf8698609c41&accountId=7211740a-6ad2-45c1-bad5-cf8698609c41>

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Utah

Utah Labor Commission

Utah Antidiscrimination and Labor Division

Website: <https://laborcommission.utah.gov/divisions/utah-antidiscrimination-and-labor-uald/>

Note: Employer must have at least 15 employees. You must also file your charge of employment discrimination with UALD within 180 days of when you learned of the last alleged discriminatory act.

Initial Intake Questionnaire for filing complaint:

<https://laborcommission.utah.gov/wp-content/uploads/2019/11/Employment-Questionnaire-Fillable.pdf>

Vermont

State of Vermont, Human Rights Commission

Website: <https://hrc.vermont.gov/how-to-file>

For employees of the State of Vermont, go to the complaint form at:

<https://ago.vermont.gov/employment-discrimination-form/>

Office of the Vermont Attorney General, Civil Rights Unit

Website: <https://ago.vermont.gov/about-the-attorney-generals-office/divisions/civil-rights/>

[For all other employees (non-state government)] Fill Out Employment Discrimination Questionnaire:

<https://ago.vermont.gov/wp-content/uploads/2018/05/Employment-Discrimination-Complaint-Form.pdf>

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Virginia

Office of the Attorney General – Office of Civil Rights

Website: <https://www.oag.state.va.us/programs-initiatives/civil-rights>

Complaint Questionnaire:

<https://www.oag.state.va.us/files/OCR/OCR-COMPLAINT-FORM-2021-7-1-fillable.pdf>

Washington

Washington State Human Rights Commission

Website: <https://www.hum.wa.gov/employment>

Complaint form: https://www.hum.wa.gov/sites/default/files/public/complaint-form/Employment_Inquiry_Form_V1.8_Fillable_.pdf

West Virginia

West Virginia Human Rights Commission

Website: <https://hrc.wv.gov/Pages/default.aspx>

Pre-Complaint form:

<https://hrc.wv.gov/Links/Documents/Employment%20Background%20Information%20Form.pdf>

Wisconsin

Wisconsin Department of Workforce Development

Website: <https://dwd.wisconsin.gov/er/civilrights/discrimination/default.htm>

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Wisconsin cont: Go to "Filing a Complaint" and click on Fair Employment complaint form (English or Spanish)

(Complaint form in Word is included at end of this document)

Wyoming

Wyoming Dept. of Workforce Services

Website: <http://www.wyomingworkforce.org/workers/labor/rights/>

Intake Questionnaire for Employment Complaint Process:

http://www.wyomingworkforce.org/_docs/labor/General-Intake-Questionnaire.pdf

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State of Wisconsin
Dept. of Workforce Development
Equal Rights Division

**Discrimination Complaint
Wisconsin Fair Employment
Law**
Wis. Stat. §§ 111.31-111.395

ERD Case #
CR

For office use only

Authorization for this form is provided under Wis. Stat. § 111.39(1).

Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. § 15.04(1)(m)].

READ instructions on page two FIRST then type or print in black ink.

1. Complainant Information

First Name		
Middle Initial		
Last Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number		
E-Mail Address		

2. Respondent Information

The company , agency, or union you believe discriminated against you. Name only ONE Respondent per form. <i>Do not name an individual person as Respondent.</i>		
Name		
Street Address/PO Box		
City	State	Zip Code
Telephone Number		
In what Wisconsin county did the violation take place?		

3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

If you checked a box with an *, the statement in that box **must** be completed.

I believe the Respondent discriminated or took action against me **because**

<input type="checkbox"/> of my race * which is _____	<input type="checkbox"/> of my age (40 or older) * my date of birth is _____	<input type="checkbox"/> of my marital status * which is _____
<input type="checkbox"/> of my color * which is _____	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of my military service
<input type="checkbox"/> of my national origin/ancestry * which is _____	<input type="checkbox"/> of my arrest record	<input type="checkbox"/> of my use or nonuse of lawful products
<input type="checkbox"/> of my sex * which is _____	<input type="checkbox"/> of my sexual orientation * which is _____	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my creed (religion) * which is _____	<input type="checkbox"/> of polygraph testing

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<input type="checkbox"/> of my disability * which is _____	<input type="checkbox"/> I declined to attend a meeting or to participate in a communication about religious matters or political matters.	<input type="checkbox"/> I filed a previous discrimination complaint with Equal Rights or testified or assisted with a discrimination complaint. Enter Case # CR _____
---	--	--

<input type="checkbox"/> I opposed discrimination in the workplace (refer to instruction 2(c) on page 2 of this form)

<input type="checkbox"/> The Respondent printed or circulated, advertised or published a discriminatory statement	<input type="checkbox"/> The Respondent used a discriminatory application or made a discriminatory inquiry about prospective employment
--	--

4. Dates of discrimination (Required; estimate if unsure)

Date the discrimination began? mm/dd/yyyy	Date of the most recent discrimination? mm/dd/yyyy
---	--

<input type="checkbox"/> My employment was terminated on _____ (if applicable)
--

¹ This form covers discriminatory actions alleged under §§ 111.322(1), (2), and (3) of the Wisconsin Fair Employment Law. Discriminatory actions alleged under § 111.322(2m) must be filed using form ERD-18359, "Retaliation Complaint."

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Instructions for Completing Your Statement of Discrimination:

1. This form is intended for discriminatory actions alleged under §§ 111.322(1), (2), and (3) of the Wisconsin Fair Employment Law. If you are alleging you were retaliated against, this form should only be used if you mean to allege your employer retaliated against you after you complained of discrimination, or filed a previous complaint with the Division. If you mean to allege your employer retaliated against you for any other reason, specifically, those reasons found at Wis. Stat. Sec. 111.322(2M) listed below, please use the "Retaliation Complaint" form (ERD-18359).
 - a) Wage Claim Law (Wis. Stat. § 109.03)
 - b) Overtime Law (Wis. Stat. § 103.02)
 - c) Illegal Wage Deduction Law (Wis. Stat. § 103.455)
 - d) Minimum Wage Law (Wis. Stat. § 104.12)
 - e) Employment of Minors Laws (Wis. Stat. §§ 103.28, 103.32, & 103.63-103.82)
 - f) Wisconsin Family and Medical Leave Law (Wis. Stat. § 103.10)
 - g) Open Personnel Records Law (Wis. Stat. § 103.13)
 - h) Health Care Worker Protection Law (Wis. Stat. § 146.997)
 - i) Employee Right to Know Law (Wis. Stat. §§ 101.58 – 101.599)
 - j) Public or Tribal Employees Reporting Fraudulent Activities Laws (Wis. Stat. §§ 49.197(6)(d) & 49.485(4)(d))
 - k) Wisconsin Bone Marrow and Organ Donation Leave Law (Wis. Stat. § 103.11)
 - l) Social Media Law, as it pertains to Employers and Educational Institutions (Wis. Stat. §§ 995.55(1) & (2))
 - m) Mergers, Liquidations, Dispositions, Relocations or Cessation of Operations Affecting Employees Law – Advanced Notice Required Law (Wis. Stat. § 109.70)
 - n) Cessation of Health Care Benefits Affecting Employees, Retirees and Dependents Law (Wis. Stat. § 109.75)
 - o) Regulation of Traveling Sales Crew Law (Wis. Stat. § 103.34)
2. Provide all information requested. TYPE OR PRINT IN BLACK INK. Write a short, clear statement explaining how the Respondent (employer, agency, or union) discriminated against you. You cannot name more than one Respondent per complaint form. When writing your statement, please include the following:
 - a) Give your job title and date of hire. If the company did not hire you, state the job(s) you applied for and the date(s) you applied.
 - b) Describe the event that you think was discrimination. If you were harassed, identify the harasser(s) and describe what was done to you. If you complained to the company, identify the person(s) you complained to and describe the company response to your complaint(s). Include the date(s), if known. If you were fired or were forced to quit for a discriminatory reason, make this clear in your statement.
 - c) For **each box** you checked in section #3, explain why you think the employer's actions were motivated by the reason checked. If you checked the 'disability' box you must identify the medical name of your disability. **If you checked the 'I opposed discrimination in the workplace' box you must explain how your employer retaliated against you for making an internal complaint about discrimination based on any of the other boxes in section #3.** Retaliation because you complain about anything not connected to one of these boxes is not addressed by the anti-discrimination law.
 - d) If other employees in similar situations were treated better than you were, please give their names, state what happened to them, and describe how they differ from you in terms of the box(es) you checked in section #3.
 - e) If you need more space, please continue your statement on a separate piece of 8 ½ x 11 paper.
 - f) Do not use whiteout to make corrections. Draw a line through errors and initial each change.
 - g) You will have a chance to give the investigator more information during the investigation of your complaint. If you send supporting documents with your complaint do not refer to them in your statement.
3. Sign this complaint on page 3, and fill out the Process Information Sheet on page 4 before submitting your complaint to the Equal Rights Division.

If you have questions or if you need help completing this form, please call the Equal Rights Division at (414) 227-4384 (Milwaukee) or (608) 266-6860 (Madison) and ask to speak to a Civil Rights Investigator.

For violations in Milwaukee, Waukesha, Ozaukee, Washington, Kenosha, Racine, Sheboygan and Walworth Counties, mail your completed and

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signed complaint to: EQUAL RIGHTS DIVISION, 819 N 6th ST, ROOM 723; MILWAUKEE, WI 53203 OR Fax your completed and signed complaint to: 414-227-4084

For all other counties in Wisconsin: EQUAL RIGHTS DIVISION, PO BOX 8928, MADISON, WI 53708-8928 OR Fax your completed and signed complaint to: 608-327-6001 Website: <https://dwd.wisconsin.gov/er/>

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5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the **date** each action occurred and the **name** of the person who took the action. Explain how each action(s) was related to the box (es) you checked in section #3 on page one.

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6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Signature of Complainant or authorized representative	Date signed
---	-------------

Please complete Equal Rights Process Information Sheet on Page 4

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

Complainant First Name	Middle Initial	Last Name
Current Date	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy	

Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed.)

Is there a telephone number where you can be reached between 7:45 a.m. & 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the area code and telephone number
---	--

Please provide the name, address, and telephone number of someone who does not reside with you but who will know where to reach you.

Contact Person Name	Relationship to You			
Street Address	City	State	Zip Code	Telephone Number

Employer Information

Approximate number of employees at all of the employer's work locations <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> More than 500	Type of Business
Does another company own the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	If yes, please provide the name of that company

Filing with other Agencies

Have you filed a complaint in this matter with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency	Date filed with the other agency
--	------------------------	----------------------------------

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Settlement Information

Complete this section if the Complainant was or still is employed by the employer.

When were you hired?

What was/is your job title?

Are you still employed by the Respondent?

Yes No

Complete this section if you are no longer employed by the employer.

How did the employment end?

Discharged Quit Laid off Retired Other

Date Employment Ended

Pay Rate at End

Hours per Week

If you were not promoted, what was the title of the position you applied for?

Rate of Pay

Hours per Week

At this time, what are you seeking to settle the complaint?

Statistical Information

Complainant Sex:

Male Female

Complainant Race (check appropriate box or boxes):

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Black or African American

Asian

White

Unknown

National Origin:

HEALTH FREEDOM

DEFENSE FUND

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

Complainant First Name	Middle Initial	Last Name
Current Date	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy	

Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed.)

Is there a telephone number where you can be reached between 7:45 a.m. & 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the area code and telephone number
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Please provide the name, address, and telephone number of someone who does not reside with you but who will know where to reach you.

Contact Person Name	Relationship to You			
Street Address	City	State	Zip Code	Telephone Number

Employer Information

Approximate number of employees at all of the employer's work locations <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> More than 500	Type of Business
Does another company own the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	If yes, please provide the name of that company

Filing with other Agencies

Have you filed a complaint in this matter with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of agency	Date filed with the other agency
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Settlement Information

Complete this section if the Complainant was or still is employed by the employer.

When were you hired?	What was/is your job title?	Are you still employed by the Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complete this section if you are no longer employed by the employer.

How did the employment end? <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other	Date Employment Ended	Pay Rate at End	Hours per Week
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If you were not promoted, what was the title of the position you applied for?	Rate of Pay	Hours per Week
At this time, what are you seeking to settle the complaint?		

Statistical Information

Complainant Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Complainant Race (check appropriate box or boxes): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown National Origin: _____		