Certified Community Partners

City of Madison
Department of Civil Rights
Equal Opportunities Division

“Government Without Walls”

Equal Opportunities Ordinance 39.03

- Enables individuals to live and work free of discrimination
- Remedies discrimination complaints brought forth by the public
- Community education and technical assistance

Protected Classes by Jurisdiction 2018

City of Madison Equal Opportunities Division (EOD) *28 Protected Classes* 90-120 days	State of Wisconsin Equal Rights Division (ERD) *19 Protected Classes* up to 1 year+	United States of America		
		EEOC (9)	HUD (8)	DOJ (5)
		Employment	Housing	Public Places
sex	sex	sex	sex	
race	race	race	race	race
religion	creed (religion)	religion	religion	religion
color	color	color	color	color
national origin or ancestry	national origin or ancestry	national origin	national origin	national origin
age (over 18)	age (employment = 40 & over), (housing/public accommodations = 18 & over)	age (40 & over)	age (40 & over)	age (40 & over)
handicap/disability	disability	disability	disability	disability
marital status	marital status			
source of income (includes rent assistance)	lawful source of income (housing only)			
arrest record (employment/public accommodations)	arrest record (employment only)			
conviction record (employment/public accommodations)	conviction record (employment only)			
less than honorable discharge	military service membership (employment only)			
physical appearance				
sexual orientation	sexual orientation			
gender identity				
political beliefs				
familial status	familial status (housing only)		familial status	
student status				
social security # disclosure				
domestic partners				
citizenship				
credit history (employment only)				
genetic identity	genetic testing (employment only)	genetic identity		
victim of domestic abuse, sexual assault or stalking (housing only)				
retaliation	retaliation (employment, housing only)	retaliation		
unemployment				
	honesty testing (employment only)			
	use/nonuse of lawful products (employment only)			
non-religion				
homelessness				

Enforcing Agencies of Equal Opportunity Laws

Federal

- US Equal Employment Opportunity Commission (EEOC)
- US Department of Housing & Urban Development (HUD)
- US Department of Justice (DOJ)

State

- Equal Rights Division

Local

- **Madison Equal Opportunities Division**

Definitions:

- **Discrimination:** Adverse actions based on prejudice or bias that result in unfair treatment of certain individuals or groups.
- **Protected class:** A group of people defined by federal, state and/or local laws who share common characteristics and are protected from discrimination and harassment.
- **Adverse action:** A negative change in employment status, housing status and/or benefits or services received from a place of public accommodation.

Equal Opportunities Division

EOD receives complaints in the following areas:

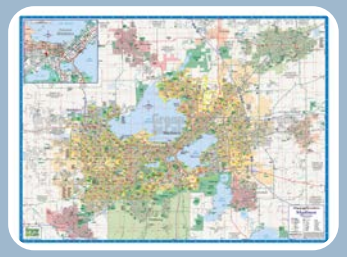
Employment

Housing

Public Accommodations

City Facilities and Services

Evaluating a complaint

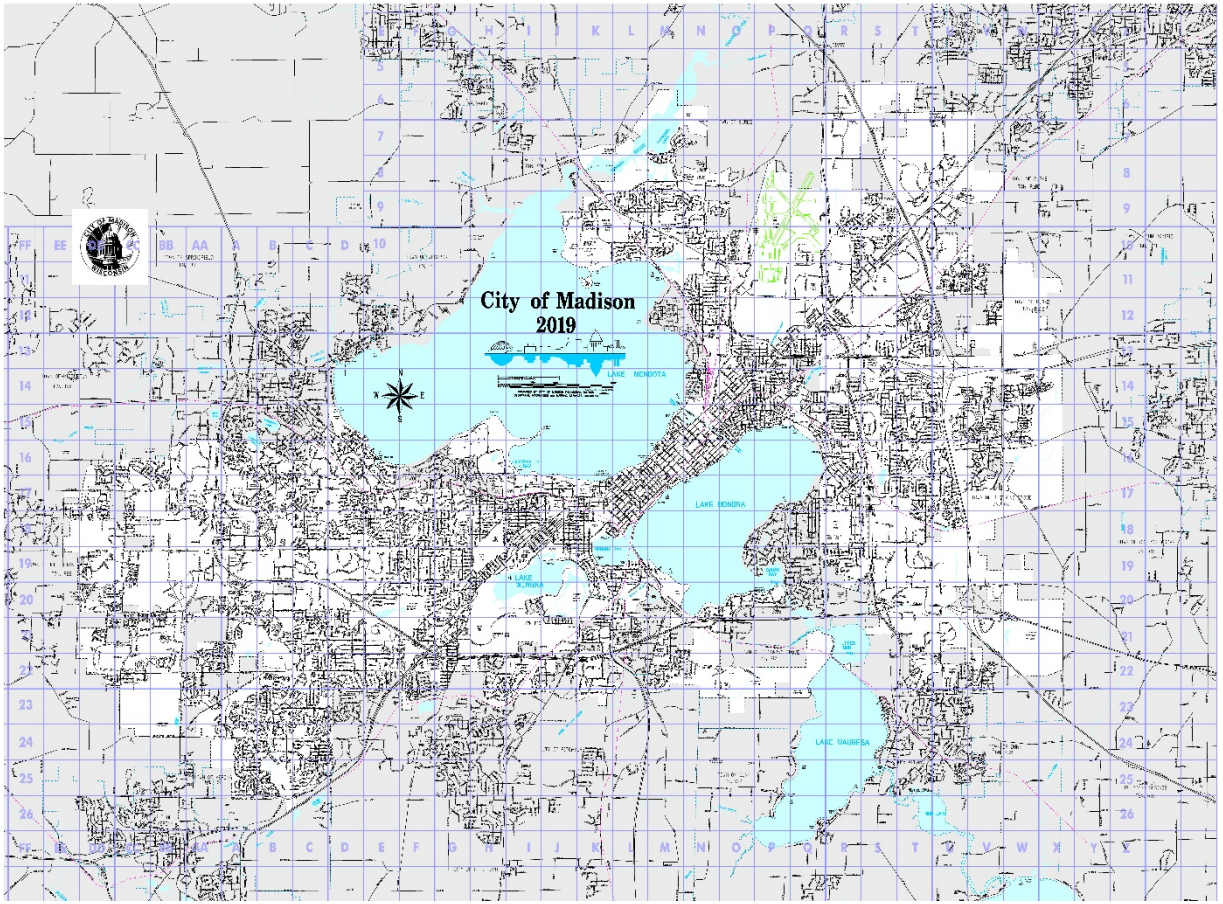


City Limits

Time Limits

Prima Facie

City Limits


City of Madison
2019
LAKE MENDOTA
LAKE MONONA
LAKE WINGRA
LAKE KEGONSA

Time Limits

The time limit for filing a complaint is **300 days** in all cases, except housing cases.

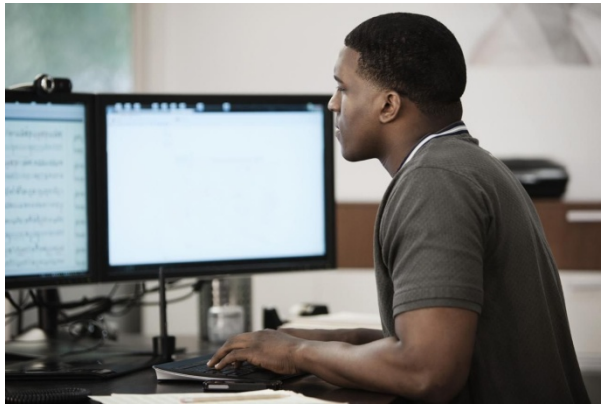
In Housing cases, an individual has **one calendar year** (365 days) to file the complaint.

Prima Facie

The Complainant must allege that:

- They belong to a protected class,
- They suffered an adverse action, and
- The adverse action was because of their membership in that protected class.

How to file a complaint:



In person

Certified Community Partner

By mail

By e-mail

Who Can File A Complaint?

Three ways a complaint may be filed:

1. A person who feels they suffered discrimination,
2. A parent or guardian of someone who feels they suffered discrimination, or
3. An Equal Opportunities Commission Commissioner.

Discrimination: Lawful vs. Unlawful

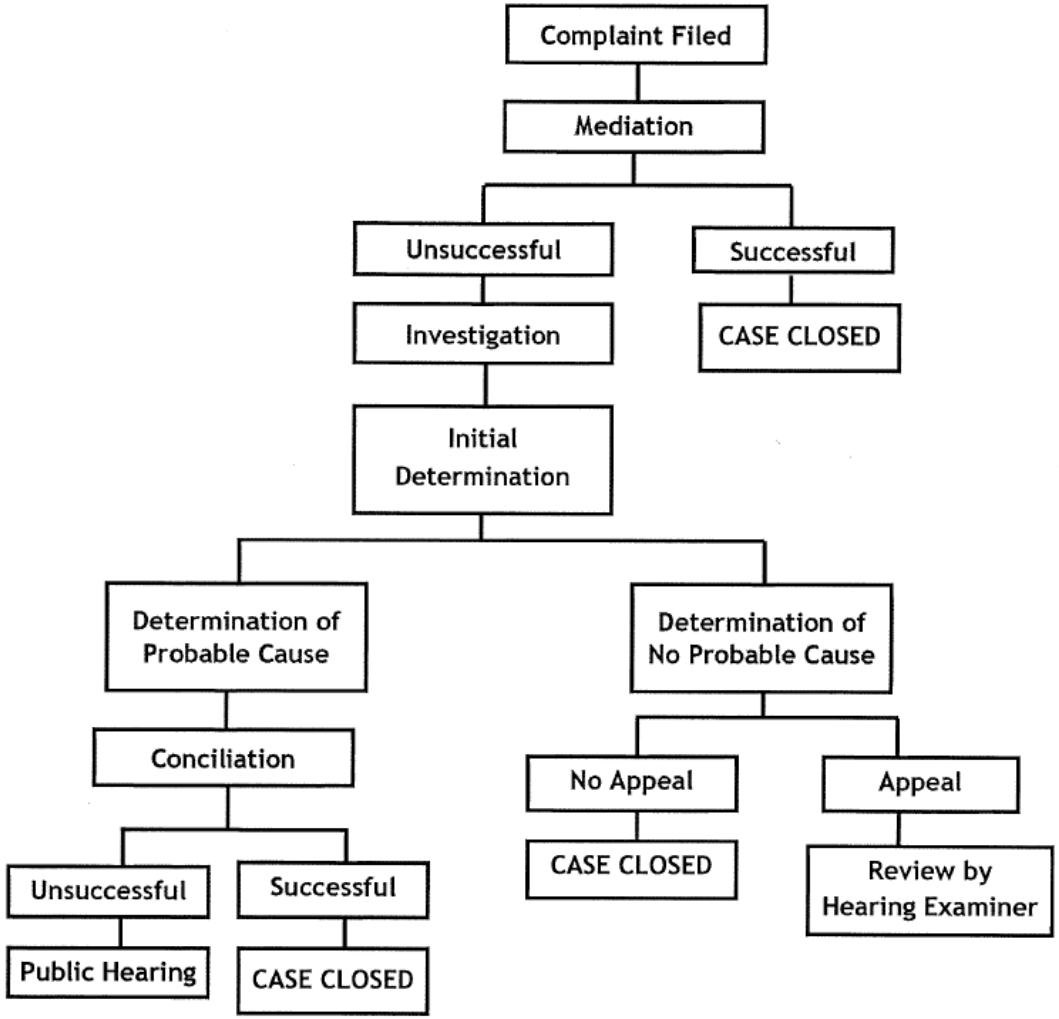
Initial Determinations

- **Probable Cause Determination:** PC exists when there is enough information to cause a **reasonable person** to believe that discrimination may have occurred.

- **No Probable Cause Determination:** NPC exists when there is not enough information to cause a **reasonable person** to believe that discrimination may have occurred.

- **Probable Cause/No Probable Cause Determination:** The results of an investigation may be mixed. PC may be found for some issues and NPC for other issues.

Equal Opportunities Division Complaint Process



Complaint of Discrimination Activity

Mary currently lives in an apartment and has a disability. She has lived in her apartment for 2 years and lives alone. Mary has a hard time walking long distances. Mary says her landlord refused to give her a handicap parking spot.

Complaint of Discrimination Activity

Stacy is looking for housing for herself and two kids. She finds the perfect three-bedroom apartment near work and school. During her tour of the apartment, she has a meeting with the landlord, which goes very well. In fact, the landlord states they are excited to have her as a tenant and provides Stacy with an housing application. Stacy completes the application and receives a call from the landlord two days later, stating her application has been denied. When Stacy asks why, the landlord tells her "we don't accept Section 8."

Fill Out Complaint Form Example

Department of Civil Rights
Madison Equal Opportunities Commission
210 Martin Luther King, Jr. Blvd., Room 523, Madison WI 53703-3346 PH: (608) 266-4910

EOC Case No.

EEOC Case No.

COMPLAINT OF DISCRIMINATION (QUERELLA DE DISCRIMINACIÓN)

COMPLAINANT (QUERELLANTE)
Name (Nombre): _____
Address (Dirección): _____
City (Ciudad): _____ **State** (Estado): _____ **Zip Code** (Código Postal): _____
Telephone (Teléfono): **Primary** (Primario): _____
Email (Email): _____

RESPONDENT (DEMANDADO)
Name (Nombre): _____
Address (Dirección): _____
City (Ciudad): _____ **State** (Estado): _____ **Zip Code** (Código Postal): _____
Telephone (Teléfono): _____

COMPLAINANT'S CONTACT PERSON (Name someone (other than spouse) who would know how to reach Complainant)
(PERSONA DE CONTACTO DEL QUERELLANTE)(Designar a alguien [que no sea su cónyuge] que sepa cómo contactar al querellante)
Name (Nombre): _____
Address (Dirección): _____
City (Ciudad): _____ **State** (Estado): _____ **Zip Code** (Código Postal): _____
Telephone (Teléfono _____
Email (Email): _____

THIS COMPLAINT CONCERNS: (ESTA QUERELLA ES REFERENTE A:)

Housing (Vivienda)
Employment (Empleo)
Public Accommodations (Acomodaciones Publicas)
City Services (Servicios de la ciudad)

IN REFERENCE TO: (EN REFERENCIA A:)

- ☐ **Sex** (Sexo) _____
- ☐ **Color** (Color) _____
- ☐ **Age** (Edad) DOB _____
- ☐ **Race** (Raza) _____
- ☐ **Disability** (Incapacidad) _____
- ☐ **Arrest Record** (Arresto)_____
- ☐ **Conviction Record** (Condena)
- ☐ **Non-Religion** (No Religión)
- ☐ **Religion** (Religión) _____
- ☐ **Sexual Orientation** (Orientación Sexual) _____
- ☐ **Marital Status** (Estatus civil) _____
- ☐ **Student** (Estudiante)
- ☐ **Political Beliefs** (Creencias Políticas) _____
- ☐ **Physical Appearance** (Apariencia Física)
- ☐ **Less Than Honorable Discharge from the Military** (Licenciamiento deshonroso del ejército)
- ☐ **Familial Status** (Estado Familial) _____
- ☐ **Source of Income** (Fuente de Ingreso) _____
- ☐ **Homelessness** (El estar sin vivienda)
- ☐ **National Origin/Ancestry** (Origen Nacional / Descendencia) _____
- ☐ **Social Security** (Seguro Social)
- ☐ **Domestic Partners** (Compañeros Domésticos)
- ☐ **Citizenship** (Ciudadanía)
- ☐ **Gender Identity** (Identidad de género) _____
- ☐ **Genetic Identity** (employment and housing) (Información genética)
- ☐ **Victim of Domestic Abuse, Sexual Assault or Stalking** (housing) (Ser víctima de violencia domestica, agresión sexual o acoso/hostigamiento – vivienda)
- ☐ **Credit History** (employment) (Historial de crédito - empleo)
- ☐ **Unemployment** (employment) (Desempleo - empleo)

EXPLAIN WHAT WAS DONE THAT YOU BELIEVE WAS DISCRIMINATORY (EXPLIQUE LO QUE LE OCURRIO QUE USTED CREE ES DISCRIMINACION) **(La información debe ser provista en Ingles):**

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) ¿Contra qué clase o clases protegidas considera que sufrió discriminación? (Aunque usted se puede identificar como miembro de varias clases protegidas, en su queja solo es necesario señalar la clase [o las clases] contra la cual, o las cuales, usted sufrió discriminación; por ejemplo, discapacidad)

2. What adverse action did you suffer? (i.e., harassment, failure to hire, etc.) ¿Qué acto discriminatorio sufrió? (Por ejemplo: acoso, no ser contratado, etc.)

3. How is your protected class related to the treatment you received? (i.e., how would individuals outside of your class been treated?) ¿Como está relacionada su clase protegida con el trato que recibió? (Es decir, ¿qué trato hubiesen recibido las personas que no pertenecen a su clase?)

4. Why do you believe this action was discriminatory? ¿Por qué considera que este acto fue discriminatorio?

WITNESSES (If more space is needed, please use another sheet.) (TESTIGOS) (Si necesita más espacio, utilice otra hoja).
Name (Nombre): _____
Address (Dirección): _____
City (Ciudad): _____ **State** (Estado): _____ **Zip Code** (Código Postal): _____
Telephone (Teléfono): _____

DESIRED RELIEF (DESAGRAVIO DESEADO)

- ☐ Apology (Disculpa)
- ☐ Attorney fees (Honorarios del abogado)
- ☐ Backpay/frontpay (Pago atrasados/pago por adelantado)
- ☐ Difference in rent (Diferencia en el alquiler)
- ☐ Other (Otro) _____
- ☐ Expunge personnel file (Eliminación del expediente personal del trabajo)
- ☐ Job (trabajo)
- ☐ Letter of reference (Carta de recomendación)
- ☐ Monetary settlement (Conciliación monetaria)
- ☐ Moving expenses (Gastos de mudanza)
- ☐ Out of pocket expenses (Gastos en efectivo fuera del presupuesto)
- ☐ Training (Capacitación)
- ☐ Vacant unit (Unidad vacante)

Is complaint being filed within 300 days (1 year for housing cases) after the alleged discrimination occurred? (¿La querella fue presentada dentro de los 300 días (un año para casos de alojamiento) de haber ocurrido el presunto caso de discriminación?)

☐ Yes (relevant date _____)
Sí (fecha relevante _____)
☐ No
No

By signing below, I hereby agree to comply with the Equal Opportunities Commission Rules and to fully participate in the investigation of this complaint. I am aware that failure to do so may result in the dismissal of the case. (Al firmar a continuación, por la presente acepto cumplir con las Reglas de la Comisión de Igualdad de Oportunidades y participar plenamente en la investigación de esta queja. Soy consciente de que el no hacerlo puede resultar en la desestimación del caso**.)**

X _____
Signature of complainant or authorized representative
(Firma del Querellante o de su Representante Autorizado)

How many people does Respondent employ? (¿Cuántas personas emplea el demandado?)
☐ 14 or less (14 ó menos)
☐ 15 or more (15 ó más)

Date Signed:
Firmada en: _____

Where to file a complaint?

- Madison Equal Opportunities Division (MEOD)
  - 210 Martin Luther King Jr., Blvd. Room 523
  - **(608) 266-4910** or dcr@cityofmadison.com
  - https://www.cityofmadison.com/reportaproblem/discrimination.cfm

Questions?

City of Madison
Department of Civil Rights
Equal Opportunities Division