

# Exhibit XI – Employment Discrimination Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Complaint Basis: \_\_\_\_\_

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Such as race, color, religion, national origin, ancestry, age, sex/gender, handicap or disability, arrest/conviction record, marital status, sexual orientation, political affiliation, results of genetic testing, pregnancy or childbirth, military service, disabled veteran or covered veteran status, service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors.

DESCRIPTION of action or treatment that you feel is discriminatory. Please include as specific as possible include: who, what, where, why and when. Attach an additional sheet if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If you would like assistance filling out this form, you may contact any of the following:

Affirmative Action Officer (HR) – 920-832-6455  
City Attorney's Office – 920-832-6423  
Mayor's Office – 920-832-6400