



## Complaint Process Relating to External Persons/Entities

The Wisconsin Department of Justice (WDOJ) is committed to ensuring compliance with applicable laws and guidelines by the subrecipients, beneficiaries and program participants of federal and state grant funding administered by WDOJ. In connection with its receipt of federal grant funding, WDOJ has the responsibility to address any complaint of discrimination by grant subrecipients, beneficiaries or participants that violates a federal civil rights law. In addition, WDOJ is committed to addressing other concerns or complaints relating to the grant funding it administers.

WDOJ will review complaints related only to current grant subrecipients, beneficiaries or participants. In responding to a complaint, WDOJ will not provide legal advice and in most cases does not have the authority to conduct its own investigation. Rather, WDOJ will receive the complaint, refer it to the appropriate enforcement authorities when appropriate, and follow up to monitor compliance with federal and state grant requirements, including requirements relating to impermissible discrimination.

The complaint procedure for external persons/entities consists of the following steps:

1. Provide the requested information to:

Wisconsin Department of Justice  
Attn: Grant Complaints  
Department of Human Resources  
P.O. Box 7857  
Madison, WI 53707-7857

Or by email directly to the relevant WDOJ grant administrator.

2. The complaint will then be referred to the WDOJ grant administrator for the particular grant. The grant administrator will review the nature of the complaint and may contact the complainant for further information.
3. The grant administrator may contact the organization that is the subject of the complaint, as well as other agencies that provide funding to the organization. If the complainant wishes to remain anonymous, WDOJ will not disclose personal identifying information about the complainant outside WDOJ absent a court order.
4. If the complaint is related to discrimination or civil rights violations, the grant administrator will provide information to the complainant regarding how to file a complaint with the relevant federal agency. Depending on the nature of the complaint and the grant involved, this could be the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), the U.S. Department of Homeland Security, Federal Emergency Management Agency, Office of Equal Rights (OER), and/or the U.S. Equal Employment Opportunity Commission (EEOC).
5. In consultation with WDOJ management, the grant administrator will determine the next steps taken by WDOJ with respect to the complaint, and update the complainant as appropriate.

## Complaint Form Relating to External Persons/Entities

The Wisconsin Department of Justice (WDOJ) has a responsibility to address complaints of discrimination by grant subrecipients, beneficiaries or grant program participants that violates a federal civil rights law. WDOJ is also committed to addressing other concerns or complaints relating to the grant funding it administers.

Those who wish to file a complaint should provide the information requested in the form below to the best of their ability. This form and the information provided 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, although personal identifying information for a victim/survivor will be withheld and/or redacted prior to disclosure. If the complainant wishes to remain anonymous, WDOJ will not disclose personal identifying information about the complainant outside WDOJ absent a court order.

1. Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Is it safe to leave a phone message (Y/N)? \_\_\_\_\_

Other telephone number to leave a phone message (if applicable): \_\_\_\_\_

2. If you are filing the complaint on behalf of another person, please list below:

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

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

City, State and Zip Code: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Please explain your relationship to this person(s): \_\_\_\_\_

3. Organization that you wish to file a complaint against:

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

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

City, State and Zip Code: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

4. WDOJ may contact the organization that is the subject of the complaint, as well as other agencies that provide funding to the organization. If so, do you wish to remain anonymous (Y/N)? \_\_\_\_

*If you wish to remain anonymous, WDOJ will not disclose personal identifying information about you outside WDOJ absent a court order.*

5. On approximately what dates, or during what time period, did the subject matter of your complaint occur?

\_\_\_\_\_

6. Please explain as clearly as possible what happened and who was involved. If your complaint involves alleged discrimination, if appropriate, please include how other persons were treated differently from you. *(Please use additional sheets if necessary.)*

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7. What remedy do you seek? *Please note that WDOJ may not have the ability or authority to administer or impose any particular remedy.*

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8. If this same complaint has been filed (by you or anyone else) with any other government agency, please fill in the information below:

Agency: \_\_\_\_\_

Complaint No.: \_\_\_\_\_

Result (if applicable): \_\_\_\_\_

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I declare under penalty of perjury that all the information provided on this form is true and correct, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please feel free to include additional sheets as necessary to explain the facts and circumstances of your complaint.

**Submission Information:** Complainants may submit their completed complaint form to WDOJ via U.S. mail as shown below.

Mail:      Wisconsin Department of Justice  
              Attn: Grant Complaints  
              Department of Human Resources  
              P.O. Box 7857  
              Madison, WI 53707-7857

Information provided on this form and information generated as part of the complaint review process may be subject to Wisconsin's Public Records Law, although personal identifying information for a victim/survivor will be withheld and/or redacted prior to disclosure. For more information on the Wisconsin Public Records Law, visit <https://www.doj.state.wi.us/office-open-government/office-open-government>.