

EOC Case No.
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## COMPLAINT OF DISCRIMINATION (QUERRELLA DE DISCRIMINACIÓN)

### COMPLAINANT (QUERELLANTE)

**Name (Nombre):** Kelly Green  
**Address (Dirección):** 412 Hampton Street #3  
**City (Ciudad):** Madison **State (Estado):** WI **Zip Code (Código Postal):** 53703  
**Telephone (Teléfono):** **Primary (Primario):** (608) 266 - 4910  
**Email (Email):** kelly.green@gmail.com

### RESPONDENT (DEMANDADO)

**Name (Nombre):** Russell Hunt Company  
**Address (Dirección):** 2100 Hunter Road  
**City (Ciudad):** Madison **State (Estado):** WI **Zip Code (Código Postal):** 53703  
**Telephone (Teléfono):** (608) 555 - 4910

### COMPLAINANT'S CONTACT PERSON (Name someone (other than spouse) who would know how to reach Complainant)

**Name (Nombre):** Casey Gomez  
**Address (Dirección):** 2705 Blue Water Way  
**City (Ciudad):** Madison **State (Estado):** WI **Zip Code (Código Postal):** 53714  
**Telephone (Teléfono):** (281) 555 - 1996  
**Email (Email):** gomez1996@yahoo.com

### THIS COMPLAINT CONCERNS: (ESTA QUERRELLA ES REFERENTE A:)

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

### IN REFERENCE TO: (EN REFERENCIA A:)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> <b>Sex (Sexo)</b> <u>Female</u>           | <input type="checkbox"/> <b>Student (Estudiante)</b>   | <input type="checkbox"/> <b>National Origin/Ancestry</b><br>(Origen Nacional / Descendencia) _____   |
| <input type="checkbox"/> <b>Color (Color)</b> _____                           | <input type="checkbox"/> <b>Political Beliefs (Creencias Políticas)</b>  | <input type="checkbox"/> <b>Social Security (Seguro Social)</b>  |
| <input checked="" type="checkbox"/> <b>Age (Edad) DOB</b> <u>02/15/1960</u>   | <input type="checkbox"/> <b>Physical Appearance (Apariencia Física)</b>  | <input type="checkbox"/> <b>Domestic Partners (Compañeros Domésticos)</b>  |
| <input checked="" type="checkbox"/> <b>Race (Raza)</b> <u>Black</u>           | <input checked="" type="checkbox"/> <b>Retaliation (Represalias)</b>   | <input type="checkbox"/> <b>Citizenship (Ciudadanía)</b>   |
| <input type="checkbox"/> <b>Disability (Incapacidad)</b> _____                | <input type="checkbox"/> <b>Less Than Honorable Discharge from the Military</b><br>(Licenciamiento deshonoroso del ejército) | <input type="checkbox"/> <b>Gender Identity (Identidad de género)</b> _____  |
| <input type="checkbox"/> <b>Arrest Record (Arresto)</b>                       | <input type="checkbox"/> <b>Familial Status (Estado Familiar)</b>  | <input type="checkbox"/> <b>Genetic Identity (employment and housing) (Información genética)</b>   |
| <input type="checkbox"/> <b>Conviction Record (Condena)</b>                   | <input type="checkbox"/> <b>Source of Income (Fuente de Ingreso)</b>   | <input type="checkbox"/> <b>Victim of Domestic Abuse, Sexual Assault or Stalking</b><br>(housing) (Ser víctima de violencia domestica, agresión sexual o acoso/hostigamiento – vivienda) |
| <input type="checkbox"/> <b>Non-Religion (No Religión)</b>                    | <input type="checkbox"/> <b>Homelessness (El estar sin vivienda)</b>   | <input type="checkbox"/> <b>Credit History (employment) (Historial de crédito - empleo)</b>  |
| <input type="checkbox"/> <b>Sexual Orientation (Orientación Sexual)</b> _____ |  | <input type="checkbox"/> <b>Unemployment (employment) (Desempleo - empleo)</b>   |
| <input type="checkbox"/> <b>Marital Status (Estatus civil)</b> _____          |  |  |

### 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)

I believe I was discriminated against because of my sex (female), race (black), and age (02/15/1960).

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.)

My employer demoted me on 3/14/18 from the position I have held for the last 10 years. I complained that instead of a demotion, I deserved a promotion. After I complained, I was told I had a bad attitude and then was fired on 3/16/18. I have a great work record and have never been disciplined.

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

People with less experience and less seniority were promoted while I was demoted. They were not people of color and were all younger by about 20 years and were all men.

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

The new management staff said discriminatory things about older workers at Russell Hunt and show a pattern of only promoting young, white men.

**WITNESSES** (If more space is needed, please use another sheet.)

**Name** (Nombre): Terry Pearson

**Address** (Dirección): 201 Shady Oak Drive #510

**City** (Ciudad): Madison **State** (Estado): WI **Zip Code** (Código Postal): 53704

**Telephone** (Teléfono): (612) 555 - 5974

**DESIRED RELIEF**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Apology       | <input type="checkbox"/> Expunge personnel file         | <input type="checkbox"/> Moving expenses        |
| <input checked="" type="checkbox"/> Attorney fees | <input type="checkbox"/> Job                            | <input type="checkbox"/> Out of pocket expenses |
| <input type="checkbox"/> Backpay/frontpay         | <input checked="" type="checkbox"/> Letter of reference | <input type="checkbox"/> Training               |
| <input type="checkbox"/> Difference in rent       | <input type="checkbox"/> Monetary settlement            | <input type="checkbox"/> Vacant unit            |
| <input type="checkbox"/> Other _____              |   |   |

Is complaint being filed within 300 days (1 year for housing cases) after the alleged discrimination occurred?

- Yes (relevant date 03/14/2018)       No

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

**How many people does Respondent employ?**     14 or less  
 15 or more

**Date Signed:**  
 Firmada en: \_\_\_\_\_