

**NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes:** Authorization for this form is provided under Section 230.85(2), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint of retaliation with the Equal Rights Division (ERD), you must submit a written document containing the information sought by this form. This information is used for the purpose of processing your complaint and maintaining the Equal Rights Division's records. Personal information you provide may be used for secondary purposes.

**Instructions -- Please Read Before Completing This Form**

- Provide all information requested below. **TYPE OR PRINT IN BLACK INK.**
- You must sign this complaint on **page 2**, and fill out the Process Information Sheet on **page 3** before submitting your complaint to the Equal Rights Division.

<b>1. Complainant Information:</b>	<b>2. Respondent Information:</b>
Your First Name <b>SUZANNE</b>  Your Middle Name or Initial <b>M</b>  Your Last Name <b>WEBER</b>  Your Street Address [REDACTED]  Your City [REDACTED]  Your State [REDACTED]  Your Zip Code [REDACTED]  Your Home Telephone Number (include area code): [REDACTED]  Your Work Telephone Number (include area code): [REDACTED]  May we call you at work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name of Respondent(s) (The agency you believe retaliated against you.) If there is more than one respondent, fill out this box with information about one Respondent. Use a separate sheet of paper to give the same information about the others and attach to this form. <b>DWD</b>  Respondent Street Address <b>201 E. Washington Avenue,</b>  Respondent City <b>Madison</b>  Respondent State <b>WI</b>  Respondent Zip Code <b>53702</b>  Respondent Telephone Number (include area code): - -  County in Wisconsin where you worked: <b>Dane</b>

**3. What did you report in writing that you believe is protected by law?** (For example: "disclosed information to my supervisor about mismanagement, contacted my legislator about a waste of public funds.) Give the date of each action.

**Retaliation complaint on Whistleblower complaints and information provided**  
**There was original Whistleblower complaint, several retaliation and discrimination complaints a second Whistleblower complaint and grievances that were settled together. It covered misappropriation of funds, ongoing and continuous wasting time, arbitrary and capricious actions. There have been Whistleblower retaliation complaints (March, August, and October 2012) and a discrimination complaint filed and information provided that were followed by additional retaliatory actions.**

**4. To whom did you disclose information regarding this information?**

Give the name, title and telephone number of the person you contacted. (For example: "Jane Doe, state legislator", "John Forest, my supervisor", etc.) Give the date of each action. What exactly did you say?

**Originally: Gary Denis, Supervisor, Howard Bernstein DWD attorney, and Ann Smith HR--concern about misappropriation of funds**

**Recent info provided to mngt through grievance process, complaints, e-mails, and conversations. Cathy Crary, supervisor Georgina Taylor, Amanda Jorgenson, Jane Pawasarat, Chythania Brown, supervisory chain, Howard Bernstein legal Jo Furtell, FMLA Carolyn Gormican HR, Lynda Hanold HR**

**5. Describe the threat or the employment action(s) your employer took because of what you did (For example: terminated me, disciplined me, demoted me, reduced my hours, etc.) If your employer took more than four employment actions, please describe on a separate sheet of paper and attach to this form.**

a. First employment action:

**Treaten severe discipline**

Date taken:

**11/12/2012**

b. Second employment action:

**Inaccurate performance related reporting by super**

Date taken:

**ongoing**

c. Third employment action:

**not provided training**

Date taken:

**attached**

d. Fourth employment action:

**attached list**

Date taken:

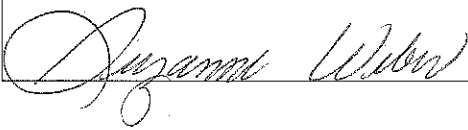
**7. Certification And Signature**

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.

**Signature of complainant or authorized representative**

**Date signed**

**1/11/2013**



**Mail your completed and signed complaint to one of the following offices:**

**State of Wisconsin  
Department of Workforce Development  
Equal Rights Division**

201 E. Washington Ave., Room A300  
P O Box 8928  
Madison, WI 53708  
Telephone: (608) 266-6860  
FAX: (608) 267-4592  
TTY: (608) 264-8752

819 North 6th Street  
Room 255  
Milwaukee, WI 53203  
Telephone: (414) 227-4384  
FAX: (414) 227-4084  
TTY: (414) 227-4081

**Attachment to whistleblower complaint including retaliation complaint for Suzanne Weber dated 1/11/13**

There are prior Whistleblower Complaints filed. The most recent were March, August, and October 2012 as well as a discrimination complaint.

**Continuation of number 5--Describe the threat or the employment action(s) your employer took because of what you did.**

d. Took away work hours. This negatively affects job performance directly or indirectly. This has been ongoing and continuous.

This results in less time to complete assignments. It acts as a punishment as the complainant must choose between poor performance or not completing assignment or using unpaid hours to complete the assignment.

Removed the accommodating work at home the employee was doing without cause. This result in fewer hours available for work to do assignment that leads to a poorer performance level.

- Creates demands under severe negative job action penalty that takes away work hours to complete assignments that then leads to a poorer performance.
- Creates unnecessary actions and often violations of law, policy, rule, etc. for the employee to follow under severe penalty. November 12, 2012
- Creates artificial barriers that often violate law and/or policies to be
- Threats of discipline for not attending a meeting to discuss a report when attending approved FMLA at the time.
- Refusal to allow a representative for the discussion of report and then refusing to discuss the report.
- Refusal to allow a note-taker at meetings. Destroys original notes taken. This takes away work time indirectly resulting in either poorer performance outcomes or requires free time to do the work.
- Arbitrary and capricious requirements without cause, justification, law, policy, or other authority and then threatens severe discipline in not followed when the statement is contrary to the law or policy. In addition, there is an extremely limited time that does not allow the complainant to research and address.
- Arbitrary and capricious acceptance of a faulty IME report and apply it to the employee under threat of severe discipline. On inquiry the employer indicated no amount of correct proof would make any difference! There were over 50 discrepancies from the first IME report. This is severe punishment to the employee with no action possible to resolve. It was compounded by adding a second review.
- Creates false statements that take hours and hours to address. This again takes away work time and/or requires the complainant to take personal time to continue to address false statements that the employer knows (or should know) are completely false.
- The employer creates unnecessary barriers to completing the assignments that result in a punishment to the employee.
  - Took away accommodating schedule that would allow more work hours to complete assignments.
  - Took away benefits and negatively affect job performance.

e. Reduced number of paid hours and more unpaid hours. Ongoing.

f. No training or insufficient training provided.  
Ongoing and continuous

g. Delays or refuses to address issues significantly negative to the employee. Refused to provide requested information or resources to address issues.

h. Inconsistent application of ADA and FMLA laws, policies, rules etc. and willfully delaying the decision in the ADA process. This results in a punishment to the employee as more leave time use is required and less work time available to do job--this is double punishment as punished for using leave time as it reduces the amounts of leave time available for work and requires the employee to work free hours to accomplish work.

i. Inappropriately shares the employees medical information

j. The employer took the previous inappropriate action of attempting to change medical provider without cause and then arbitrarily and capriciously harm the employee.

It is clear the agency does not want to resolve the delay—just continue the delay and the negative treatment to the employee. The agency is not following its own policy.