



7=HM'C : 'K9GH'5@=@Gz'7CAA I B=HM'89J9@CDA9BH'5 I H<CF=HMz''
<C I G=B ; '8=G7F=A=B5H=CB'7CAD@5=BH' : CFA'

Complaint form is filed with the City of West Allis Clerk/Treasurer's Office, 7525 W. Greenfield Ave., West Allis, WI 53214

GYWh]cb'*\$') 'cZ'h\Y' KYgh'5'']g'FY j]gYX' A i b]W]dU''7cXY'XYW'UfYX'dc']Wm'h\Uh'U''dYfgcbg'g\U''\UjY'Ub'Ye i U''cddcfh i b]hm'Zcf'
\c i g]b ['fY [UfX'Ygg'cZ'gY I z'fUWYz'Wc'cfz'gYI i U''cf]YbhUh]cbz'X]gUV]'hmz'fY' []cbz' bUh]cbU''cf] []bz' a Uf]hU''ghUh i gz'ZU a]m'ghUh i gz''UkZi''
gc i fWY'cZ]bWc a Yz'U [Y'cf'UbWYghf''H\Y'7c a a cb'7c i bW]' \YfYVm'YIhYbXg'h\]g'cfX]bUbWY' [c j Yfb]b ['Ye i U''\c i g]b ['cddcfh i b]h]Yg'
hc'Wc j Yf'g]b ['YIZU a]m'fYg]XYbWYgz' k \]W\ 'UfY'c kbYf!cWW i d]YX''H\]g' : U]f' <c i g]b ['gYWh]cb'g\U''VY'XY a YX'Ub'YIYfW]gY'cZ'h\Y'
dc']WY'dc k Yfg'cZ'h\Y'7]hm'Zcf'h\Y'dfchYWh]cb'cZ'h\Y' kY'ZUfYz' \YU'h\z'dYUWYz'X] [b]hm'UbX'\ i a Ub'f] [\hg'cZ'h\Y'dYcd'Y'cZ'h\]g'7]hm''

1. Name of Aggrieved Person or Organization:

Last Name, First Name, MI or Organization

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2. Against whom is this complaint being filed?

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3. State in detail how you believe you have been discriminated by the party listed above. (Attach additional pages if needed)

Date(s) alleged discrimination occurred:

Explanation:

4. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

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Date

State of WI, County of Milwaukee: Signed and sworn before me on:

My Commission Expires: A

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