



19-0945

CONSENT

Standing Committee: Finance Committee

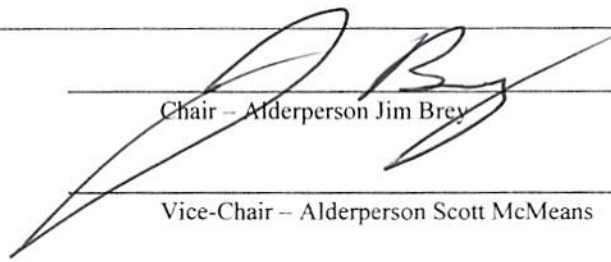
Document Name: Notice of Complaint from State of Wisconsin Department of Workforce Development

Action:

- Place on File - No Council action needed
- Refer to: City Attorney
- Refer to Council Consent Non-Consent

Committee Recommendation:

Attest:

 _____
Chair - Alderperson Jim Brey 9-3-19
Date

Vice-Chair - Alderperson Scott McMeans

Alderperson Eric Sitkiewitz

Alderperson Jeremiah Novak

Alderperson Todd Lotz

Approved:

Justin M. Nickels Date
Mayor

Department of Workforce Development
Equal Rights Division
819 N. 6th Street, Rm. 723
Milwaukee, WI 53203
Telephone: (414) 227-4384
Fax: (414) 227-4084
TTY: (414) 227-4081



Tony Evers, Governor
Caleb Frostman, Secretary

AUG 16 2019

**NOTICE OF COMPLAINT
EEOC TO PROCESS INITIALLY**

RECEIVED

AUG 19 2019

CITY CLERKS OFFICE

**ATTN: CITY CLERK
CITY OF MANITOWOC
900 QUAY ST
MANITOWOC WI 54220
Respondent**

**Re: ERD Case No. CR 201902196
EEOC Case No. 443201902294C**

To Whom It May Concern:

The enclosed charge of discrimination, which was originally filed with the Federal Equal Employment Opportunity Commission (EEOC), has also been filed with the State of Wisconsin Equal Rights Division (ERD). The ERD and the EEOC have a work sharing agreement which covers the processing of complaints of discrimination that are prohibited under both federal law and the Wisconsin Fair Employment Act. The work sharing agreement provides that the agency which originally receives the complaint will process it first. Therefore, the ERD will take no action pending the EEOC's processing of this complaint.

If you have any further questions regarding this case, please contact the EEOC at 414-297-1112. Remember to have your EEOC case number ready for reference.

**cc: Complainant
EEOC**

Enclosure

201902196

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	443-2019-02294
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Wisconsin Equal Rights Division and EEOC
State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.) Ms. Kayla S Rocklewitz	Home Phone (920) 901-8495	Year of Birth
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Street Address City, State and ZIP Code
2117 32nd Street, TWO RIVERS, WI 54241

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name CITY OF MANITOWOC	No. Employees, Members	Phone No. (920) 686-6999
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Street Address City, State and ZIP Code
900 Quay Street, MANITOWOC, WI 54220

RECEIVED
 AUG 15 2019

Name	No. Employees, Members	Phone No. DWD - EQUAL RIGHTS
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Street Address City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)	DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 07-19-2019 08-14-2019 <input checked="" type="checkbox"/> CONTINUING ACTION
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THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

- I began working for the Respondent in or around January 2014. In or around May 2019 I informed Respondent I was pregnant. In or around July 2019 I presented Respondent with restrictions due to my pregnancy. I was informed my pregnancy was not covered under the ADAAA and I would have to use my sick time; when that ran out, I was to be on Short Term Disability.
- I believe I have been discriminated against based on sex (female-pregnancy) in that I have been denied light duty and forced to take leave in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. Digitally signed by Kayla Rocklewitz on 08-14-2019 03:03 PM EDT	NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
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