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: (41

(414) 227-4081



Tony Evers, Governor Caleb Frostman, Secretary

AUG 1 6 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

Noopone

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** 

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EEGC I GIII 3 (12303)			
CHARGE OF DISCRIMINATION	Charge		Agency(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		FEPA EEOC	443-2019-02294
		EEUC	443-2013-02234
Wisconsin Equal Rights Division and EEOC  State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.)		Home Phone	Year of Birth
•	1	(920) 901-84	95
Ms. Kayla S Rocklewitz		(320) 301-04	-
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. ( <i>If more than two, list under PARTICULARS below.</i> )			
Name	No. Employees, Members Phone No.		
			(920) 686-6999
CITY OF MANITOWOC			(920) 000-0333
Street Address City, State and ZIP Code RECEIVED			
Sub Quay Street, MANITONOC, 111 54220			
Name	-	No. Employees, Members	AUG 1-5 2010 Phone No.
name .			,
		DAAT	- EQUAL RIGHTS
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).)  DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest			
RACE COLOR X SEX RELIGION NATIONAL ORIGIN 07-19-2019 08-14-2019			
RETALIATION AGE DISABILITY GEN	X CONTINUING ACTION		
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  1. 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.  2. 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 FEOC and the State or local Agency. NOTARY - When necessary for State and Local Agency Requirements			
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.	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		
Digitally signed by Kayla Rocklewitz on 08-14-2019 03:03 PM EDT	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		

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