

Exhibit XI – Employment Discrimination Complaint Form

Name: _____

Address: _____

Telephone numbers: _____ (work) _____ (home)

Complaint Basis: _____

Such as race, color, religion, national origin, ancestry, age, sex/gender, handicap or disability, arrest/conviction record, marital status, sexual orientation, political affiliation, results of genetic testing, pregnancy or childbirth, military service, disabled veteran or covered veteran status, service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors.

DESCRIPTION of action or treatment that you feel is discriminatory. Please include as specific as possible include: who, what, where, why and when. Attach an additional sheet if necessary.

Signature: _____ Date: _____

Note: Please contact the Affirmative Action Officer at 920-832-6455 if you would like assistance filling out this form.