

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



June 11, 2021

NOTICE OF COMPLAINT
OPEN HOUSING LAW
RETURN RECEIPT REQUESTED
CERTIFIED MAIL

WEST ALLIS HOUSING DEPT
7525 W GREENFIELD AV
WEST ALLIS WI 53214

Re: TAKIA D COE vs. WEST ALLIS HOUSING DEPT
ERD Case No.: CR202101264

Enclosed is a copy of a complaint filed with this Department alleging that you have violated the Wisconsin Open Housing Law, sec. 106.50, Wis. Stats.

The Department of Workforce Development is authorized by statute to investigate this complaint. To begin the investigation, we request that you provide a written response within 20 days of the date of this letter. This is your opportunity to present the facts that you believe should be considered, as well as to raise any objections with respect to jurisdiction or timeliness of the complaint. Include all information that documents your position. Failure to provide your position statement within 20 days of the date of this letter may be taken to indicate that you do not dispute the allegations in the complaint. Please send a copy of all correspondence to the Complainant and to the Complainant's attorney, if known.

Mediation services are available to you while the complaint is being processed. You are encouraged to take advantage of these services to reach an early, satisfactory resolution of this complaint. An early resolution will result in substantial savings of the time and expense involved in the usual litigation process. If you are interested in mediation, please contact me. If you choose mediation you are not required to file a written response to the Complainant at this time.

Wis. Stat. § 106.50(2)(j), provides that it is unlawful to retaliate against any person because they have made a complaint, testified, assisted, or participated in an investigation, conciliation, or administrative hearing under the Open Housing Law.

The Department of Workforce Development does not discriminate on the basis of disability in the provision of services or in employment. If you need this printed material interpreted or in a different form, or if you need assistance in using this service, please contact us.

Please direct all correspondence or inquiries to:

Giovanni Roman, Equal Rights Officer
819 N 6th St
ROOM 723
MILWAUKEE WI 53203-1687
608-405-4005
giovanni.roman@dwd.wisconsin.gov

Enclosure(s)

cc:

WEST ALLIS HOUSING DEPT
7525 W GREENFIELD AV
WEST ALLIS WI 53214

CITY CLERK
CITY F WEST ALLIS
7525 W GREENFIELD AV
WEST ALLIS WI 53214

State of Wisconsin
Department of Workforce Development
Equal Rights Division

**Queja de Discriminación
Vivienda Justa
Discrimination Complaint
Fair Housing**

ERD Case #
CR

Para uso oficial
solamente

For Office Use

¡Importante! Por favor lea todas las instrucciones en la página 3 antes de comenzar. Imprima o use letras de molde en tinta negra y firme este cuestionario/ formulario. Important! Please Read All Of The Instructions On Page 3 Before Starting. Type Or Print In Black Ink.

La información personal que usted provea podrá usarse para propósitos secundarios. (Ley de Protección de Asuntos Privados, s. 15.04(1) (m) de los Estatutos de Wisconsin).

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04(1)(m) Wisconsin Statutes]

1. Información Sobre el Demandante

Complainant Information

Apellido(s) Last Name Coe	Primer Nombre First Name Takia	Inicial Initial D	Nombre del proveedor de vivienda el cual usted cree le ha discriminado. Si hay más de un demandado, haga una lista en un papel separado. Name of the housing provider you believe discriminated against you. If more than one respondent, list each separately on extra sheet.		
Dirección - Street Address 4509 West Capital Dr			West Allis Housing Authority		
Ciudad - City Milwaukee	Estado State WI	Código Postal Zip Code 53216	Dirección del Demandado - Street Address 7525 West Greenfield Avenue		
Número de Teléfono de la Casa (con código) Home Telephone Number (414) 253-3855			Ciudad donde se encuentra el Demandado - City West Allis	Estado State WI	Código Postal Zip Code 53214
Número de Teléfono del Trabajo (con código) Work Telephone Number ()			Número de Teléfono del Demandado (con código) Telephone Number (414) 302-8200		

**3. Su queja puede ser presentada a otra agencia a menos que usted marque "no" en la casilla siguiente
Your complaint may be filed with another agency unless you check "no" below**

☐ Si - Yes Consulte el No. 3 en la página de instrucciones para más detalles
See #3, in the instructions page, for more details
☒ No - No

4. ¿En qué condado tuvo lugar la violación - County in which the discrimination occurred

Nombre del Condado - Name of County
Milwaukee

5. BASE(s): Usted debe indicar una base o bases para su queja. (Por ejemplo: "sexo-femenino", "raza- Afro Americano", "discapacidad-impedimento visual", "orientación sexual-homosexual", etc
BASIS: You must list a basis for your complaint. (For example: "sex-female," "race-African American," "disability-visual impairment," "sexual orientation-homosexual," etc

¿En que se basa su queja - What is the basis for your complaint

Race-Black American

Por favor continúe en la página siguiente - Please go on to the next page



- 6. DECLARACIÓN DE DISCRIMINACIÓN:** ¿Qué hizo el demandado? Indique cada acción que usted crea ha sido discriminatoria. (Se negaron a alquilarme (rentarme) o me cobraron alquiler (renta) más alta, etc.) Después explique la razón por la cual usted cree que a usted lo trataron en forma diferente debido a la base que identificó en la página anterior.

STATEMENT: What did the respondent do? List each action you believe was discriminatory. (They refused to rent to me or I was evicted or they charged higher rent, etc.)

Then, say **why** you believe you were treated differently because of the basis you listed above.

I Takia Coe whom is BLACK contacted my housing authority specialist Mellena Hoppe whom is WHITE on December 20, 2020 requesting assistance regarding the necessary repairs that needed to be done to my unit. During the call all my specailist kept repeating that what I was experiencing was a landlord Scott Morgano whom is WHITE and tenant issue and they do not get involved. On December 28, 2020 the furnace in my unit went out. I contacted the landlord Scott Morgano whom is WHITE. On December 29, 2020 my housing authority specialist Mellena Hoppe whom is WHITE allowed my landlord Scott Morgano whom is WHITE to terminate my lease without being made to make the necessary repairs to my unit. I attempted to take my landlord to small claims court due to me having to purchase several high ticket items such as a toilet, ceiling fans and 10 gallon bucket of Paint because my landlord refused to make any real repairs to my unit. Since I was unable to vacate my unit by January 30, 2021 Mellena Hoppe and due to the fact that my landlord kept calling her because I hadn't moved out and he had filed an eviction against me she attempted to terminate my housing choice voucher. She also tried to use the fact that I had contacted the City of West Allis Inspector department complaining that I had no heat and my grandchildren was cold against me. I was unable to secure a new unit in West Allis due to no real units being available and my time was running out on my voucher. I requested to port my Housing Choice Voucher to another county. Ms. Hoppe forwarded my information to Waukesha County, They only received my demographics from her. When I spoke to my incoming Housing Specialist she stated that I had to give them copies of everyone's Birth Certificates and Social Securitiy Cards which al lof those items are in my storage locker. I reached back out to Mellena Hoppe and requested that she forward my documents to the Waukesha Housing Authority, She then responded that all my pertanent documentation had been shredded the only document she could locate was my grandson's social security card.

7. FECHAS: (mes/día/año) - DATES: (month/day/year)

¿Cuándo tuvieron lugar las acciones por primera vez
When did the above action(s) first happen
December 20, 2020

¿En qué fecha ocurrió por última vez
On what date did it last happen
April 30, 2021



8. Por la presente certifico que la información que he proporcionado es verdadera a lo mejor de mi conocimiento y recolección. Esta queja es documento público y se puede proporcionar al empresario o a otras personas según esta provisto en la ley de Documentos Públicos de Wisconsin.
I hereby certify that the information I have provided on this form is true to the best of my knowledge. This complaint is an open record and may be provided to the employer or others under the provisions of Wisconsin's Open Records Law.

Firma del demandante o representante autorizado
Signature of Complainant or Authorized Representative

Fecha de firma
Date Signed

6/18/2021