SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Dept of Workforce Portia A. Wright	ERD Case No: CR202001716
Date: 8 5 2020 In-person Process Server Claimant	RECEIVED AUG 0 5 2020 CITY OF WEST ALLIS CITY CLERK
□ Other By mail □ By email □ By fax Received by:	
 Hand deliver to: Ann Marie or Jane Forwarded to Attorney's Office by Ann Ma Response from Attorney's Office Common Council Agenda: Yes 	

Department of Workforce DevelopmentRECEIVEDEqual Rights Division819 N. 6th Street Rm 723AUG 0 5 2020Milwaukee, WI 53203Telephone: (414) 227-4384CITY OF WEST ALLISFax: (414) 227-4084CITY CLERK



Department of Workforce Development

Tony Evers, Governor Caleb Frostman, Secretary

August 03, 2020

NOTICE OF COMPLAINT OPEN HOUSING LAW RETURN RECEIPT REQUESTED CERTIFIED MAIL

CITY OF WEST ALLIS COMMUNITY DEVELOPMENT 7525 W GREENFIELD AV WEST ALLIS WI 53214

OGDEN REALTY 8112 W BLUEMOUND RD WAUWATOSA WI 53213

LUKE RADOMSKI c/o CITY OF WEST ALLIS COMMUNTY DEVELOPMENT 7525 W GREENFIELD AV MILWAUKEE WI 53219

EMMA WARNER c/o OGDEN REALTY 8112 W BLUEMOUND RD MILWAUKEE WI 53213

MARIE ANDERSON c/o OGDEN REALTY 8112 W BLUEMOUND RD MILWAUKEE WI 53213

Re: PORTIA A WRIGHT vs. City of West Allis, Ogden Realty, Luke Radomski, Emma Warner & Marie Anderson ERD Case No.: CR202001716

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.

5 - 11 NAS - 1 R. S.

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:

Meghan C Jenness-Byrnes, Equal Rights Officer 819 N 6th St ROOM 723 MILWAUKEE WI 53203-1687 608-733-3840 meghan.jennessbyrnes@dwd.wisconsin.gov

Enclosure(s)

CC:

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

CITY OF WEST ALLIS COMMNITY DEVELOPMENT 7525 W GREENFIELD AV WEST ALLIS WI 53214

OGDEN REALTY 8112 W BLUEMOUND RD WAUWATOSA WI 53213

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EMMA WARNER 8112 W BLUEMOUND RD MILWAUKEE WI 53213

MARIE ANDERSON 8112 W BLUEMOUND RD MILWAUKEE WI 53213

METROPOLITAN MILWAUKEE FAIR HOUSING COUNCIL

State of Wisconsin

Dept of Workforce Development Equal Rights Division

Discrimination Complaint Fair Housing

ERD Case # CR	For Office Use		
01716	RECEIVED		
efore Starting	JUL 29 2020		
[Privacy Law, s.	DWD/Equal Rights Division Milwaukee, WI		
I multip Law, 3.			

Important!! Please Read All Of The Instructions On Page 3 Before Startin Type Or Print In Black Ink

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

1. Complainant Information

2. Respondent Information

Last Name	Name of the housing provider you believe discriminated against you. If more than one respondent, list each
First Mana	senarately on extra sheet 1 1011
Initial A.	Juke Radmpk, 7525 0. Order 1100
Street Address 7319 W. Dreyer Place, #3	Ogton Realistic BII2 W. Bluemand Road Ogton Realistic BII2 W. Bluemand Road Milubukee, WI 53213 Enno Wormer Munie Anderson
City Net Allis State Zip Code West Allis W 53219	Street Address (Set abue)
Home Telephone Number (114) 526-8894	Unot Allie (414) 342-8460 State Zip Code
Work Telephone Number	Telephone number (800) 276-7260 0gdan
	/1

3. Your complaint may be filed with another agency unless you check "no" below

Yes	See #3, in the instructions page, for more details		
No No		9	

4. County in which the discrimination occurred?

Name of County , wankee

5. BASIS: You must list a basis for your complaint. (For example: "sex-female," "race-African American," "disability-visual impairment," "sexual orientation-homosexual," etc.)

Have exam Annia What is the basis for your complain - Neek, back Disabil onen mima ons noighby males man

6. 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.

7. DATES: (month/day/year) h When did the above action(s) first happen On what date did it last happen June 2009 Friday July 24, 2020 8. By my signature below, I acknowledge that I have read the complaint; that to the best of my knowledge, information and belief, the complaint is true and correct, and that the complaint is not being used for any improper purpose, such as to harass the party against whom the complaint is filed. I understand that this complaint is an open record and may be provided to the employer or others under the provisions of Wiscopsin's Open Records Law. Signature of Complainant or Authorized Representative Date Signed 7/26 20