

City of La Crosse Human Rights Commission Complaint Form

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COMPLAINANT INFORMATION (YOURSELF)

Name * Shelly Hatlestad

Address *

Phone

Email

RESPONDENT INFORMATION (PERSON/PERSON(S) YOU FEEL HAVE DISCRIMINATED AGAINST YOU)

Name * City of lacrosse

Address * La crosse

Phone

Email

TYPE OF DISCRIMINATION ALLEGED

Check the appropriate Category, indicate the Address or Location of facility you were denied the equal opportunity to use or enjoy, and the Basis of the alleged discrimination.

Applicants must be able to demonstrate that they were denied the equal use/enjoyment of a facility **located in the City of La Crosse**.

Category: *

- ☐ Housing
- ☐ Place of Public Accommodation or Amusement [i.e. restaurant, hotel, retail shop]
- ☒ City Facility

Address/Location: * Yard waste

Basis (Check all those you feel may apply):

- ☒ Sex
- ☐ Race
- ☐ Religion
- ☒ Age
- ☐ Disability
- ☐ Marital Status
- ☐ Color
- ☐ National Origin or Ancestry
- ☐ Lawful Source of Income
- ☐ Physical Appearance
- ☐ Sexual Orientation
- ☐ Gender Identity or Expression
- ☐ Political Activity
- ☐ Familial Status
- ☐ Domestic Partnership
- ☐ Student

FACTS

To the best of your ability, give a detailed statement regarding the facts giving rise to this Complaint. The statement must include the date or dates of the alleged discrimination. City Ordinance provides that a written Complaint **must be filed within 180 days** after the complainant knew or should reasonably have known

that the alleged act or acts occurred. Additional pages may be attached to this form if necessary.

Statement *

Yard waste site is stated to be open until 4:00 pm. Arrived several minutes prior to stated hours. Place was deserted. Clearly not staffed until 4:00 pm as required. I believe this site is only available to able bodied property owners with no regard to gender/employmen status/ age/ race. Clearly this site is only available to privileged young white male cis people.