IOWA OFFICE OF CIVIL RIGHTS COMPLAINT FORM

515-281-4121 / 877-273-3730 / Fax: 515-242-5840 / https://icrc.iowa.gov

(AGENCY USE ONLY)

IOCR CP#_____

Local Commission#_____

EEOC#_____

Iowa Office of Civil Rights
6200 Park Ave Ste 100
Des Moines, Iowa 50321-1270

(PLEASE TYPE OR PRINT LEGIBLY)

----------SECTION 1 • COMPLAINANT INFORMATION----------

Your legal name: _____

Email address: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Your date of birth: _____

Have you previously filed this complaint with any other federal, state, or local **anti-discrimination** agency? ☐ Yes ☐ No

If yes, what agency? _____ When? _____

----------SECTION 2 • DISCRIMINATION INFORMATION----------

1. Please indicate the **AREA(S)** in which the discrimination occurred.

☐ Employment ☐ Public Accommodation ☐ Housing
☐ Education ☐ Credit ☐ Retaliation

2. Please indicate the **ACTION(S)** that the organization took against you.

Employment
☐ Demotion
☐ Denied Accommodation
☐ Denied Benefits
☐ Discipline
☐ Failure to Hire
☐ Failure to Promote
☐ Failure to Recall
☐ Failure to Train
☐ Forced to Quit/Retire
☐ Harassment
☐ Layoff
☐ Reduced Hours
☐ Reduced Pay
☐ Sexual Harassment
☐ Suspension
☐ Termination
☐ Undesirable Assignment/Transfer
☐ Unequal Pay

Public Accommodation
☐ Denied Accommodation
☐ Denied Service

Housing
☐ Denied Accommodation or Modification
☐ Eviction
☐ Failure to Rent
☐ Harassment

Education
☐ Denied Accommodation
☐ Harassment

Credit
☐ Denied Accommodation
☐ Denied Financial Services/Credit

☐ Other: _____

3. Please indicate the **BASIS(ES)** or reasons for the discrimination:

a. Do you believe you were discriminated against because of your race (circle one)? Yes No

If yes, what is your race? _____

b. Do you believe you were discriminated against because of your skin color? Yes No

If yes, what is your skin color? _____

c. Do you believe you were discriminated against because of your national origin? Yes No

If yes, what is your national origin? _____

d. Do you believe you were discriminated against because of your sex? Yes No

If yes, what is your sex? _____

e. Do you believe you were discriminated against because of your sexual orientation? Yes No

If yes, what is your sexual orientation? _____

f. Do you believe you were discriminated against because of a disability? Yes No

g. Do you believe you were discriminated against because of your religion or creed? Yes No

If yes, what is your religion or creed? _____

h. Do you believe you were discriminated against because of your pregnancy or pregnancy - related condition? Yes No

i. If your complaint involves employment or credit, do you believe you were discriminated against because of your age? Yes No

If yes, do you believe you were discriminated because you are older or because you are younger? _____

j. If your complaint involves housing or credit, do you believe you were discriminated against based on your familial status? Yes No

If yes, how many children live with you? _____

k. If your complaint involves credit, do you believe you were discriminated against based on your marital status? Yes No

If yes, what is your marital status? _____

l. Do you believe you were discriminated against because of something else not listed above? Yes No

If yes, please explain: _____

m. Do you believe you were retaliated against because you reported discrimination to someone within the organization, filed a complaint with the ICRC, or participated as a witness in an anti-discrimination agency proceeding? Yes No

If yes, what did you report or complain about, and to whom?

_____

_____

_____

What happened to you as a result of your report or complaint.

_____

_____

_____

4. What was the date (month/day/year) of the MOST RECENT discriminatory incident? (**REQUIRED**): _____

5. If Employment is the Area, what is your hire date or application date? _____

6. Are you still employed by the organization that discriminated against you?

If no, when did your employment end? _____ (month, day, year)

How did your employment end?

☐ Terminated ☐ Voluntary Quit ☐ Forced to Quit/Retire

----------SECTION 3 • RESPONDENT INFORMATION----------

7. What is the full legal name of the organization that discriminated against you? [This organization will be charged with discrimination and given a copy of your complaint.]

_____

Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Telephone #: _____

8. If the organization listed in #7 has a parent organization or corporate office, list it here. [This organization will <u>also</u> be charged with discrimination and given a copy of your complaint.]

_____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone #: _____

If more than two respondents, please list additional organization or individual respondents, including name, job title, and address, on an attached piece of paper. The additional organizations/individual respondents will also receive a copy of the complaint.

9. Provide the address of the location where the discrimination occurred:

_____

10. Were you placed by a temporary firm agency at the organization that discriminated against you? [If the answer is yes and you wish to file a complaint against the temporary staffing firm, you will need to file a separate complaint form naming that firm.

☐ Yes ☐ No

11. If Employment is the Area, indicate approximate number of ALL employees (full-time and part-time) at ALL employer locations nationwide (REQUIRED):

☐ 4-14 ☐ 15-19 ☐ 20-100 ☐ 101-200 ☐ 201-500 ☐ 500+

----------SECTION 4 • BRIEF SUMMARY OF ALLEGATIONS----------

Please describe what happened to you. State how you were discriminated against. What happened? When did it happen? Be sure to address each Action you checked on page one and each Basis you addressed on page two. *[Please read the instruction sheet before writing your brief summary.]*

I certify under penalty of perjury and pursuant to the laws of the State of Iowa and the laws of the United States of America that the preceding charge is true and correct.

X _____ _____

Signature of Complainant (REQUIRED) **Date**

It is not necessary that you provide any additional documentation at this time. Be aware that any additional documentation provided with your complaint form will be sent out to all named parties along with this form. An opportunity to provide additional documentation will be given at a later time if/when the complaint is accepted by the IOCR. Any submitted additional documentation/narration of more than five pages may result in a delay in the processing of your complaint.

IOWA OFFICE OF CIVIL RIGHTS

Contact Information

Note: This information will NOT be given out to anybody.
It is for IOCR use only.

Your Name: _____

Contact Person

Please provide the name and telephone number of a relative or friend who will always know where you can be reached. Your "Contact Person" should be someone who does not live with you.

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone #: (home) _____

(work) _____

(cell) _____

E-mail: _____

☐ Please check box if the above listed Contact Person is Complainant's attorney and is representing the Complainant before the IOCR. If applicable, please be sure to include firm name below if applicable.

_____

IOWA OFFICE OF CIVIL RIGHTS

Authorization Release Form

I hereby authorize anyone possessing medical, education, personnel, income, credit, or any other information necessary for a full and complete investigation, mediation, or conciliation of my complaint to furnish such information to the Iowa Office of Civil Rights and any other anti-discrimination agency.

I hereby release anyone so authorized, the Iowa Office of Civil Rights, and any other anti-discrimination agency from all liability for any damages whatsoever in furnishing and obtaining such information.

Name: _____

Signature: _____ Date: _____