Dear Sir or Madam:

Enclosed is the complaint form you requested along with instructions for completing the form. Please carefully read the instructions before you fill out the complaint form.

Please be aware that if the complaint is accepted by the Iowa Office of Civil Rights (IOCR), a photocopy of the complaint form, as well as any additional materials submitted, will be mailed to the party(ies) you are filing against (Respondents).

Be mindful of timeliness when filing with the IOCR. The complaint must be filed within 300 days of the most recent discriminatory incident.

If you have any questions regarding any of the information provided in this mailing, please contact our Intake staff.

----------EMPLOYMENT AND NON-HOUSING COMPLAINTS----------

Anne Heiser
Phone: 515-281-4121 Ext. 107 or 515-410-0204
Email: icrc@iowa.gov

----------HOUSING COMPLAINTS----------

Kerry Hainline
Phone: 515-281-4121 Ext. 111 or 515-410-0201
Email: kerry.hainline@iowa.gov

Sincerely,

The Iowa Office of Civil Rights
Intake Staff

Enclosures: Complaint Form

COMPLAINT FORM INSTRUCTIONS

ATTENTION!!

THESE ARE INSTRUCTIONS TO ASSIST YOU IN COMPLETING AN IOWA CIVIL RIGHTS COMMISSION COMPLAINT FORM. THIS IS NOT THE COMPLAINT FORM, AND WILL NOT BE ACCEPTED AS A COMPLAINT FORM. DO NOT PROVIDE ANSWERS TO THE QUESTIONS BELOW, AS THIS WILL NOT BE PROCESSED AS A COMPLAINT, OR INCLUDED AS PART OF YOUR COMPLAINT.

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

This section asks you to provide identifying information that is necessary for the IOCR to file this complaint. You will be asked to provide your name, the name you prefer to be called, mailing address, telephone number, email address, date of birth, and your pronouns.

You will also be asked if you have previously filed this same complaint with another government agency. The IOCR frequently cross-files complaints with other agencies, so if you have previously filed this complaint with one agency, it may not be necessary to file the complaint again with the ICRC.

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

This section asks you provide information about your allegations of discrimination.

Question 1: Indicate the Area(s) in which the discrimination occurred. Area describes the relationship between you and the organization you are filing against. Below are listed the Areas covered under the Iowa Civil Rights Act and enforced by the IOCR.

Employment - You were employed or applied for employment with the organization (private or public employer, temp agency, etc.);

Public Accommodation - You had or sought services from the organization (grocery store, gas station, police, etc.)

Credit - You had or sought financial services from the organization (bank, mortgage lending institution, etc.);

Education - You had or sought educational services from the organization (elementary/secondary school, college, etc.);

Housing - You had or sought housing services from the organization (landlord, realtor, resident manager, etc.).

Question 2: Indicate the Action(s) that the organization took against you. Action is the manner in which you believed you were discriminated against. Please identify all actions which you believe were discriminatory.

Question 3: This is a series of questions that asks you to indicate the Basis(es) or Reasons for the discrimination. Please identify all reasons which you believe apply.

ANSWER REQUIRED

Question 4: Provide the date of the most recent discriminatory incident that the organization took against you. An answer to this question is required, as it is needed to ensure the complaint is timely filed with the IOCR.

Question 5: If you have indicated that Employment is the Area, provide your hire date. For complaints alleging a failure to hire, provide your application date.

Question 6: If you have indicated that Employment is the Area, indicate whether you are still employed by the organization you claim discriminated against you. If not, please indicate how your employment ended.

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

This section asks you to provide information about the organization you are filing against.

Question 7: Provide the full legal name and contact information for the organization that discriminated against you.

Question 8: Provide the full legal name and contact information for the parent organization or corporate office of the organization that discriminated against you, if applicable.

Question 9: Provide the address of the physical location of where the discriminatory acts actually occurred. Do not put unrelated organizations on the same complaint form, unless one directly owns the other. If you are filing against more than one organization you need to file a separate complaint against each organization.

Question 10: Identify any individuals whom you claimed discriminated against you or harassed you. Be sure to provide job titles as well as work or home addresses. If you need to list more than two individuals please provide those names, titles, and addresses on a separate sheet of paper.

ANSWER REQUIRED

Question 11: If employment is the area, indicate the approximate number of all employees, including full-time and part-time at all employer locations. This allows the IOCR to cross-file qualifying complaints with the Equal Employment Opportunity Commission (EEOC) if a threshold number of employees is reached.

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

This section asks you to describe the discrimination you experienced from the organization and/or individuals you are filing against. Please be sure to address each action you identified. Ensure that your summary reflects the basis(es) you previously identified.

When writing your summary, think about the following questions:

1. **What** happened?
2. **When** did it happen?
3. **Who** made the decision for the organization?
4. **What** makes you think the decision or action was discriminatory?
5. **Why** do you believe that your basis (race, age, sex, etc.) was a factor in the organization's decision?

SIGNATURE REQUIRED

Your signature on the complaint form is required, and the complaint will not be processed until a signature is provided.

6200 Park Avenue, Suite. 100., Des Moines, Iowa 50321-1270
877-273-3730 / Fax 515-242-5840 / icrc@iowa.gov

IOWA OFFICE OF CIVIL RIGHTS

Protected Classes under Chapter 216 of the Iowa Code

Protected Classes	Areas of Protection				
	Employment	Housing	Public Accommodation	Education	Credit
Age	•				•
Color	•	•	•	•	•
Familial Status		•			•
Marital Status					•
Mental Disability	•	•	•	•	
National Origin	•	•	•	•	•
Physical Disability	•	•	•	•	•
Pregnancy	•				
Race	•	•	•	•	•
Religion/Creed	•	•	•	•	•
Sex	•	•	•	•	•
Sexual Orientation	•	•	•	•	•

✦ Chapter 216 also prohibits Retaliation on the bases of participation and opposition.

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