

# IOWA CIVIL RIGHTS COMMISSION COMPLAINT FORM

515-281-4121 / 800-457-4416 / Fax: 515-242-5840 / <https://icrc.iowa.gov>

(AGENCY USE ONLY)	
ICRC CP# _____	<b>Iowa Civil Rights Commission</b> 400 East 14 <sup>th</sup> Street Des Moines, Iowa 50319-0201
Local Commission# _____	
EEOC# _____	

(PLEASE TYPE OR PRINT LEGIBLY)

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

Your legal name: \_\_\_\_\_  
Your mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Your date of birth: \_\_\_\_\_ Your sex/gender: \_\_\_\_\_  
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.

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Public Accommodation | <input type="checkbox"/> Housing     |
| <input type="checkbox"/> Education  | <input type="checkbox"/> Credit               | <input type="checkbox"/> Retaliation |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Demotion                             | <input type="checkbox"/> Failure to Train                |
| <input type="checkbox"/> Denied Accommodation or Modification | <input type="checkbox"/> Forced to Quit/Retire           |
| <input type="checkbox"/> Denied Benefits                      | <input type="checkbox"/> Harassment                      |
| <input type="checkbox"/> Denied Financial Services/Credit     | <input type="checkbox"/> Layoff                          |
| <input type="checkbox"/> Denied Service                       | <input type="checkbox"/> Reduced Hours                   |
| <input type="checkbox"/> Discipline                           | <input type="checkbox"/> Reduced Pay                     |
| <input type="checkbox"/> Eviction                             | <input type="checkbox"/> Sexual Harassment               |
| <input type="checkbox"/> Failure to Hire                      | <input type="checkbox"/> Suspension                      |
| <input type="checkbox"/> Failure to Promote                   | <input type="checkbox"/> Termination                     |
| <input type="checkbox"/> Failure to Rent                      | <input type="checkbox"/> Undesirable Assignment/Transfer |
| <input type="checkbox"/> Failure to Recall                    | <input type="checkbox"/> Unequal Pay                     |
| <input type="checkbox"/> Other: _____                         |  |

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

a. Do you believe you were discriminated against because of your race? \_\_\_\_\_

If yes, what is your race? \_\_\_\_\_

b. Do you believe you were discriminated against because of your skin color? \_\_\_\_\_

If yes, what is your skin color? \_\_\_\_\_

**c.** Do you believe you were discriminated against because of your national origin? \_\_\_\_\_

If yes, what is your national origin? \_\_\_\_\_

**d.** Do you believe you were discriminated against because of your sex? \_\_\_\_\_

If yes, what is your sex? \_\_\_\_\_

**e.** Do you believe you were discriminated against because of your sexual orientation? \_\_\_\_\_

If yes, what is your sexual orientation? \_\_\_\_\_

**f.** Do you believe you were discriminated against because of your gender identity? \_\_\_\_\_

If yes, what gender do you identify as? \_\_\_\_\_

**g.** Do you believe you were discriminated against because of a real or perceived disability? \_\_\_\_\_

If yes, what is your real or perceived disability? \_\_\_\_\_

**h.** Do you believe you were discriminated against because of your religion or creed? \_\_\_\_\_

If yes, what is your religion or creed? \_\_\_\_\_

**i.** Do you believe you were discriminated against because of your pregnancy or pregnancy - related condition? \_\_\_\_\_

**j.** If your complaint involves employment or credit, do you believe you were discriminated against because of your age? \_\_\_\_\_

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

**k.** If your complaint involves housing or credit, do you believe you were discriminated against based on your familial status? \_\_\_\_\_

If yes, how many children live with you? \_\_\_\_\_

**l.** If your complaint involves credit, do you believe you were discriminated against based on your marital status? \_\_\_\_\_

If yes, what is your marital status? \_\_\_\_\_

**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?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State 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?  Yes  No

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

If no, 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 also be charged with discrimination and given a copy of your complaint.]

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_

10. If you are claiming harassment, identify the individual(s) who harassed you. These individuals will be charged with discrimination and will be given a copy of your complaint.

*Note: Individuals cannot be named as respondents in complaints in the Area of Education*

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work or Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work or Home Address: \_\_\_\_\_

If more than two individuals, please list by name, job title, and address on an attached piece of paper.

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 ICRC.