

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 ICRC to file this complaint. You will be asked to provide your name, mailing address, telephone number, email address, date of birth, and your sex/gender.

You will also be asked if you have previously filed this same complaint with another government agency. The ICRC 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 ICRC.

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 ICRC.

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 ICRC 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 not be processed until a signature is provided.

IOWA CIVIL RIGHTS COMMISSION

Protected Classes under Chapter 216 of the Iowa Code

| Protected Classes | Areas of Protection | | | | |
|---------------------|---------------------|---------|----------------------|-----------|--------|
| | Employment | Housing | Public Accommodation | Education | Credit |
| Age | ● | | | | ● |
| Color | ● | ● | ● | ● | ● |
| Familial Status | | ● | | | ● |
| Gender Identity | ● | ● | ● | ● | ● |
| 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.

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# _____ | Iowa Civil Rights Commission 400 East 14 th 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.

IOWA CIVIL RIGHTS COMMISSION

Contact Information

Note: This information will NOT be given out to anybody.
It is for ICRC 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: _____

IOWA CIVIL RIGHTS COMMISSION

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 Civil Rights Commission and any other anti-discrimination agency.

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

Name: _____

Signature: _____ Date: _____