

IOWA CITY HUMAN RIGHTS COMMISSION COMPLAINT FORM
Complaint of Discrimination under City Code Title 2

Important: this form is affected by the Privacy Act of 1974
CHARGE NUMBER(S) (AGENCY USE ONLY)

Local Commission # _____ ICRC CP# _____ Equal Employment Opportunity
Commission # _____

Iowa City Human Rights Commission
City of Iowa City
410 East Washington Street
Iowa City, Iowa 52240

NOTE: PLEASE TYPE OR PRINT (In Ink Only)

1. What is your legal name? _____

2. What is your street address? _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number: () _____

4. What is your date of birth? _____ Sex: _____

Race: _____ National Origin(ancestry): _____

SS#: _____ - _____ - _____ (voluntary)

5. On what BASIS(ES) do you feel you have been discriminated against? (Please check all that may apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Race | <input type="checkbox"/> Creed | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sex | <input type="checkbox"/> Mental Disability | |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Retaliation* | |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Presence or Absence of Dependents | <input type="checkbox"/> Public Assistance Source of Income | |

* Because I filed prior complaint or opposed a discriminatory practice

6. Please check the AREA in which the discrimination occurred.

- Credit Education Housing
 Employment Public Accommodations

7. What is the FULL LEGAL NAME of the business or company that discriminated against you?

What is that company's mailing address?

City: _____ State: IOWA Zip Code: _____
County: _____ Telephone Number: () - _____

8. What is the name of the person who discriminated against you?

9. What does that business/company do?

10. If the company named in # 7 is owned by another company, what is the FULL LEGAL NAME of the Owner Company? (Parent or Corporate Office of Company listed in #7)

What is that company's street address? _____

City: _____ State: _____ Zip Code: _____
Telephone Number: () - _____

11. Give approximate total number of full & part-time employees at **ALL** employer locations (**VERY IMPORTANT**):

- 1-3 4-14 15-19 20-100 101-200 201-500 500+

12. Have you filed this complaint with any other Federal, State, or Local Anti-Discrimination Agency?

- Yes No

If yes, what agency?

On what date did you file? _____

13. If this complaint can be cross-filed with the Equal Employment Opportunity Commission, the Iowa Civil Rights Commission will cross-file, unless you indicate in writing: "Don't cross-file."

14. Identify the person at the company who discriminated against you?

Name: _____

Position/Title: _____

15. If you are claiming harassment, who harassed you?

Name: _____

Position/Title: _____

16. What is the last date that something discriminatory happened to you?

What happened on that date?

Please fill in the particulars of your complaint below.

Be sure to state why you feel you were discriminated against.

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

X _____ Date _____
Signature of Complainant

Subscribed and sworn to before me by _____ on this _____ day of _____, 20____.

Notary Public in and for the State of Iowa

Commission expires: _____

Intaker Name _____ Phone _____ (direct extension)

Iowa City Human Rights Commission

Authorization Release Form

Iowa City Human Rights Commission
City Hall
410 East Washington Street
Iowa City, Iowa 52240-1826
319-356-5022
FAX: 319-887-6213
<http://www.icgov.org>

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 City Human Rights Commission and any other anti-discrimination agency.

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

Signature

Social Security Number (voluntary)

Date