

# IOWA CITY HUMAN RIGHTS COMMISSION COMPLAINT FORM

410 E. Washington St., Iowa City, IA 52240  
319-356-5022  
humanrights@iowa-city.org

## AGENCY USE ONLY

ICHRC # \_\_\_\_\_

ICRC CP # \_\_\_\_\_

Please type or print, in ink only.

1. What is your legal name? \_\_\_\_\_

2. By which name do you prefer to be called? \_\_\_\_\_

3. What is your street address? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. What is your mailing address? (If different from above.)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. What is your telephone number? (     ) \_\_\_\_\_

6. What is your email? \_\_\_\_\_

7. What is your date of birth? \_\_\_\_\_

8. What pronouns do you use? \_\_\_\_\_

9. What is the AREA in which the discrimination occurred?

Employment

Housing

Public Accommodation

Education

Credit

10. Which of the following do you believe was the reason for the harm you suffered?  
*Check ONLY the reason(s) that apply to this complaint. If you check a reason, answer any question(s) associated with it.*

Age      What was your age when the harmful act(s) occurred? \_\_\_\_\_

Color      Do you have:    Dark skin \_\_\_\_\_ Medium skin \_\_\_\_\_ Light skin \_\_\_\_\_

Creed      What is your creed? \_\_\_\_\_

Disability

Gender Identity      What is your gender identity? \_\_\_\_\_

Marital Status       Married  Single  Divorced  Separated  Widowed

National Origin      What country were you born in? \_\_\_\_\_  
Do you believe having a speaking accent contributed to the treatment you suffered? (If yes, explain why in Question 22.)  
 Yes     No

Race      What is your race? \_\_\_\_\_

Religion      What is your religion? \_\_\_\_\_

Sex      I am  Female  Male  Other: \_\_\_\_\_

Sexual Orientation      What is your orientation? \_\_\_\_\_

*Note: The following reasons are applicable to HOUSING complaints ONLY:*

Familial Status      List the age(s) of child/ren under the age of 18 who live in your household:

\_\_\_\_\_  
Are you in the process of attempting to get custody of a person under the age of 18 who does not live with you now?

Yes     No

Are you pregnant?     Yes     No

Presence or Absence of Dependents

Do you have dependents?     Yes     No

If yes, what are their age(es) and relation to you?

\_\_\_\_\_

Public Assistance Source of Income

What type of assistance do you receive? (List all types.)

\_\_\_\_\_

11. Do you want to include a claim of retaliation in your complaint?  Yes  No

If yes, did you:

a. make a prior complaint, either to this agency, another agency, or someone in authority at the business you are complaining against?  Yes  No

b. lawfully oppose a discriminatory practice? (This practice could be something that affected you, or something you observed happening to someone else.)  Yes  No

c. refuse to discriminate against someone, even though someone in authority told you to?  Yes  No

d. serve as a witness, testify, or otherwise cooperate with an investigation of someone else's discrimination complaint?  
 Yes  No

(Please explain the details in Question 22.)

12. What is the full legal name of the business that you are filing this complaint against?

*Note: This business will be given a copy of your complaint and any additional documents you attach to it.*

13. What is the mailing address of the business that you are filing this complaint against?

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

14. What is the telephone number of the business? ( ) \_\_\_\_\_

15. Briefly describe what the business does:

\_\_\_\_\_

16. If the business is owned by another company or has a home office, give the name and address of the parent company or home office here:

Full legal name of parent company: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

17. Give the approximate total number of employees at ALL locations of the business:

1-14    15-19    20 or more

18. Have you filed this complaint with any other Anti-Discrimination Agency?    Yes

No

If yes, what agency? \_\_\_\_\_

On what date did you file? \_\_\_\_\_

19. Who at the business discriminated against you (treated you worse than others BECAUSE OF your protected class/es)? If there is more than one person, name the primary person here and include the others in Question 22.

Full name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Check here if this person is/was your supervisor.  

20. If you are claiming harassment, who harassed you? If there is more than one person, name the primary person here and include the others in Question 22.

Full name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Check here if this person is/was your supervisor.  

21. What is the most recent date that something discriminatory happened to you?

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

22. On the next page, please describe what happened to you. In what way(s) were you discriminated against? **Be sure to include why you feel each characteristic you checked in Question 10 was the reason for the discriminatory action(s).**

When writing your summary, try to include answers to the following questions:

- **What** happened?
- **When** did it happen?
- **Who** was involved? **Who** made the decision(s)?
- **Why** do you believe the action was discriminatory? (Discrimination is treating someone worse than others **BECAUSE OF** a “protected class”—the reasons given in Question 10.)
- **Why** do you believe that the reason(s) you checked in Question 10 influenced what happened to you?

(You may add pages if you need more space.)

Acknowledgement

I acknowledge the following by my signature on this document:

- I understand Iowa City Human Rights Commission staff do not represent me and will conduct an impartial investigation of my complaint.
- I understand the processing of my complaint is dependent upon my cooperation, and will promptly notify Iowa City Human Rights staff of any change in my mailing address or telephone number.

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

X \_\_\_\_\_  
Signature Date