

Complaint of Discrimination Form under City Code Title 2

Local Commission # _____

ICRC CP# _____

Office of Equity and Human Rights
City of Iowa City
410 E. Washington Street
Iowa City, Iowa 52240

Note: Please type or print

1. What is your name? _____
2. What are your pronouns? _____
3. What is your street address? _____
City _____ State _____ Zip Code _____
4. Telephone number: (____) _____
5. What is your email address? _____
6. What is your date of birth? _____ Sex: _____
7. Have you previously filed this complaint with any organization or agency? ☐ Y ☐ N
If yes, who _____
8. 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"/> 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"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Retaliation* |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Presence of Absence of Dependents | <input type="checkbox"/> Public Assistance Source of Income |

*Because I filed prior complaint or opposed a discriminatory practice.

9. Please check the **area** in which the discrimination occurred.

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

10. What is the Full Legal Name of the Business or Company that discriminated against you?

11. What is the company's mailing address?

City: _____ State: Iowa Zip Code: _____

County: _____ Telephone Number: (____) _____

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

13. What does that business/company do?

14. If the company named in #10 is owned by another company, what is the Full Legal Name of the Owner Company? (Parent or Corporate Office of Company listed in #10.)

15. What is that company's street address?

City: _____ State: Iowa Zip Code: _____

Telephone Number: (____) _____

16. Give approximate total number of full and part-time employees at all employer locations:

_____.

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

Name: _____

Position/Title: _____

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

Name: _____

Position/Title: _____

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

20. 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. Be sure to address each basis you checked on page 1.

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 _____
Signature of Complainant

Date_____