

DAVENPORT CIVIL RIGHTS COMMISSION

COMPLAINT FORM

Davenport Civil Rights Commission
226 West 4th Street
Davenport, Iowa 52801
(563) 326-7888

Complaint of Discrimination under Davenport Municipal Code Section 2.58
"Davenport Civil Rights Ordinance"

(AGENCY USE ONLY)

_____)	DCRC Commission # _____
)	
vs.)	ICRC CP# _____
)	
_____)	EEOC # _____
)	
_____)	
)	

NOTE: PLEASE TYPE OR PRINT (**In Ink Only**)

1. What is your legal name? _____

What is your preferred name? _____

What is your street address? _____

City: _____ State: _____ Zip Code: _____

Telephone Number: ____ - ____ - _____

2. Name of someone who can contact you: _____

Address of the contact person: _____

Telephone number of Contact person: ____ - ____ - _____

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

Race: _____ National Origin (ancestry): _____

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

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

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

<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Color
<input type="checkbox"/> Race	<input type="checkbox"/> Creed	<input type="checkbox"/> Religion
<input type="checkbox"/> National Origin or Ancestry	<input type="checkbox"/> Sex <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Disability <input type="checkbox"/> Mental <input type="checkbox"/> Physical
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Gender identity
<input type="checkbox"/> Retaliation*	* <i>Because I filed prior civil rights complaint or otherwise exercised my civil rights.</i>	

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

What is that company's street address? _____

City: _____ State: _____ Zip Code: _____

County: _____

Telephone Number: ____ - ____ - _____

7. What does that business/company do? _____

8. If the company named in # 6 is owned by another company, what is the FULL LEGAL NAME of the owner company?

What is that company's street address? _____

City: _____ State: _____ Zip Code: _____

Telephone Number: ____ - ____ - _____

9. Give approximate total number of full & part-time employees at **ALL**

employer locations (**REQUIRED INFORMATION**): _____

10. Have you filed this complaint with any other Federal, State, or Local Anti-Discrimination Agency? Yes ___ No ___

If yes, what agency? _____

Month: _____ Day _____ Year _____

11. This complaint will be automatically cross filed with the Equal Employment Opportunity Commission and the Iowa Civil Rights Commission.

12. Identify the person at the company who discriminated against you.

Name: _____

Position/Title: _____

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

Name: _____

Is this person your Supervisor or Co-worker? (**Circle One**)

Position/Title: _____

14. What is the date that a discriminatory action was taken against you? _____
(**THE DATE OF INCIDENT IS REQUIRED**)

What happened on that date? _____

Please fill in the particulars of your complaint below. Please be concise. Be sure to state why you feel you were discriminated against, why you believe the discrimination was based on the protected class (see #5) and include comparison parties outside your protected class. The heading are provided to assist you. You may attach no more than 2 additional pages to this form.

I. What adverse action or harm happened to you?

II. Why was this adverse action unfair?

III. Describe how were people outside your protected class were treated more favorably.

I believe that I have been discriminated against in violation of Davenport Municipal Code §2.58 as amended. 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 _____ Date _____
Signature of Complainant

Verification without notary authorized by Iowa Code section 622.1; 28 U.S.C. section 1746

**DAVENPORT CIVIL RIGHTS COMMISSION
HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE**

DCRC # H _____ - _____ - _____
[Agency use only]

COMPLAINANT INFORMATION:

1. Please provide the following information about yourself:

Last Name	First	Middle Initial	Daytime Telephone
Address			Work Telephone May we call you at work?
City	State	Zip	Place of Work: _____
Date of Birth: _____			Days/Hours Worked: _____

2. In case we can't reach you at your address or phone number, who can we contact who will always know how to reach you?

Contact person: _____ Relationship: _____

Address: _____

Telephone number(s): _____

3. How did you find out about the Davenport Civil Rights Commission?

_____ Filed Previous Complaint _____ Other Legal Program _____ Friend or Relative

_____ Media _____ Other (specify): _____

RESPONDENT INFORMATION:

4. Please provide the following information about the person or business you feel discriminated against you:

Name, address and telephone number of person/business

Name, address and telephone number of any additional person/business

COMPLAINT INFORMATION:

5. Date of first discriminatory incident: _____ Date of last discriminatory incident: _____

6. On which of the following bases do you feel you were discriminated?

Race _____ Color _____ Religion _____ Creed (Beliefs) _____ Sex _____ Age _____
Sexual Orientation _____ National Origin or Ancestry _____ Familial Status (Presence of Children) _____
Marital Status _____ Mental or Physical Disability _____ Gender Identity _____ Retaliation _____

7. In which area of housing practices did the discrimination occur?

Rental _____ Eviction _____ Application _____ Purchase _____ Other (specify) _____

8. What is the address of the apartment unit/house that this complaint is about?

Name of Building/Apartment Complex (if any): _____

Size of Unit: _____ Rent/Price: _____ Desired Occupancy Date: _____

No. of Units in Building: _____ No. of Buildings in Complex: _____

9. In the space below, please give a short summary of the discriminatory incident. List specific incident(s).

10. Why do you believe what happened to you was discrimination?

11. Is there anyone you know who you believe did the same things as you but were NOT treated in the same manner as you by the Respondent? If so, please provide us with the following:

Name: _____

Name: _____

Race: _____

Race: _____

Sex: _____

Sex: _____

