

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

**DISCRIMINATION PUBLIC ACCOMMODATION
QUESTIONNAIRE
DAVENPORT CIVIL RIGHTS COMMISSION**

Name: _____

Name of person or business who you feel discriminated against you:

What is your relationship to the Respondent? (For example - business/customer, landlord/tenant, credit agency/applicant, public service provider/citizen.)

Why do you believe what happened to you was discriminatory?

What reason was given to you by the Respondent for the action taken against you? _____

List the ways in which you feel you are being treated differently than someone else in the same situation:

List the persons who did the same things as you but were not treated in the same manner:

Name _____ Name _____

Race _____ Sex _____ Race _____ Sex _____

Address _____ Address _____

Telephone Number _____ Telephone Number _____

Did you complain to anyone at Respondent's place of business about the discriminatory action? _____ If so, who? _____

Did you receive a response to the complaint? ____ If so, what? _____

List Witnesses: (Please give complete names and addresses)

Name, Address, Telephone Number

Name, Address, Telephone Number

Name, Address, Telephone Number