

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 EDUCATION QUESTIONNAIRE
DAVENPORT CIVIL RIGHTS COMMISSION

Name: _____

Are you disabled? _____ If so, how does your disability affect your activities of daily living? _____

Did you request accommodations? _____ If so, when & to whom? _____

What accommodations were requested? _____

What accommodations were provided? _____

Name of the person at the educational facility that you feel discriminated against you: _____

Why do you believe what happened to you was discrimination?

Were you given any reasons as to why you were treated in this manner? _____

If so, what were you told? _____

Are you attending school on a scholarship? _____

Date you started classes at this school: _____

What program are you enrolled in & what degree are you seeking? _____

Were you ever reprimanded or placed on probation? _____

If so, please explain the circumstances: _____

List the reasons you feel you were being treated differently than others in the same situation as you: _____

Did you complain to anyone at the school about the discriminatory action? _____

If so, who? _____

Was there any action taken after your complaint? _____

Did this occurrence affected your grades? _____ If so, how? _____

What was your grade point average before & after this discriminatory action took place? _____

Are you still attending classes at this educational facility? _____

If not, why not? _____

Are you attending another school? _____

If you no longer attend the educational facility, what was the last date you attended classes? _____

Do you know if any other students are/were being treated better than you? _____

If so, list the names of the persons:

Name _____ Name _____

Race _____ Sex _____ Race _____ Sex _____

Address _____ Address _____

Telephone Number _____ Telephone Number _____

Date(s) the discrimination occurred: _____

To the best of your knowledge how many occasions has the discrimination occur? _____

Who witness the discrimination against you & how can we reach them? (It is best to reach them at their personal homes rather than through the Respondent if possible.)

Name address telephone number

What did this person witness?

Name address telephone number

What did this person witness?

Name address telephone number

What did this person witness?

Are any of these people teachers or managers at the educational facility? _____