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**INTAKE INFORMATION FORM
DUBUQUE HUMAN RIGHTS COMMISSION**

1300 Main Street, Dubuque, IA 52001-4732, 563-589-4190, humanrgt@cityofdubuque.org

IMPORTANT: PLEASE READ

- This form is used to obtain information BEFORE the complaint process
- THIS IS **NOT** AN OFFICIAL LEGAL COMPLAINT
- You are not required to have an attorney or representative to pursue a complaint
- There is no charge for pursuing a complaint

Please type or print (in ink only)

1. Full Name: (First, Middle, Last) _____
 Address (House Number and Street or PO Box): _____
 City/State/Zip Code: _____
 Home Phone Number with Area Code: _____
 Cell Phone Number with Area Code: _____
 E-mail Address: _____
2. Name of person to Contact if You Cannot be Reached: _____
 Contact Person's Phone Number with Area Code: _____
3. Date of Most Recent Discriminatory Incident (**REQUIRED**): _____
4. Date of Birth: _____ Sex/Gender: _____
 Race: _____ National Origin: _____
5. Basis(es) of discrimination (**REQUIRED**). I was discriminated against because of my ...

RACE	<input type="checkbox"/> (please identify):
NATIONAL ORIGIN	(please identify):
SEX	Female Male
SEXUAL ORIENTATION	
GENDER IDENTITY	
PREGNANCY	
DISABILITY	Physical Mental
RELIGION/CREED	""Please Identify:
COLOR	Light skinned Dark skinned
AGE	
FAMILIAL STATUS	Presence of children
MARITAL STATUS	
RETALIATION	""""Because I filed a prior civil rights complaint, opposed a discriminatory practice or participated as a witness in an anti-discrimination proceeding.
ASSOCIATION	Because I am associated with someone within one of the classes

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6. Area(s) of discrimination (REQUIRED). The discrimination I experienced was related to . . .

- | | | |
|------------|----------------------|-------------|
| Employment | Public Accommodation | Housing |
| Education | Credit | Retaliation |

7. What did the person and/or organization you are complaining against do? (Check all that apply)

- | | |
|--|---|
| Fired, laid-off, or failed to recall you " | Forced you to quit/retire |
| Denied you accommodation/modification | Harassed you |
| Denied you benefits | Reduced your hours |
| *****Denied you financial services/credit | Reduced your pay |
| Denied you service | Gave you undesirable assignments |
| *****Treated you differently | Falsely denied housing was available |
| Disciplined/suspended you | Refused to rent, sell, or deal with you |
| Did not hire you | Evicted you |
| Did not promote you | Gave you unequal pay for the same work |
| Did not train you | |

8. Name of the business, service provider or housing provider you believe discriminated against you
(This organization will be charged with discrimination and given a copy of your complaint if you pursue the legal process)

Name of business or service provider: _____
 Address: (House Number and Street or PO Box): _____
 City/State/Zip Code: _____
 Contact Person (owner, manager, official): _____
 Position: _____
 Phone Number with Area Code: _____
 Type of business: _____

9. Please list other names of the company listed in #8 (parent organization or corporate office)
(This organization will also be charged with discrimination and given a copy of your complaint if you pursue the legal process)

Name of business or service provider (if applicable): _____
 Address: (House Number and Street or PO Box): _____
 City/State/Zip Code: _____
 Contact Person (owner, manager, official): _____
 Position: _____
 Phone Number with Area Code: _____

10. Identify the person(s) who discriminated against you:

Name(s): _____
 Position/Title: _____

11. If you are claiming *harassment*, who harassed you?

(This person will also be charged with discrimination and given a copy of your complaint if you pursue the legal process)

Name(s): _____
 Position/Title: _____

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Phone number with area code: _____

Date of harassment: _____

Location: _____

12. What is the address of the property where the alleged discrimination took place?

Address: (House Number and Street or PO Box): _____

City/State/Zip Code: _____

Contact Person (owner, manager, official): _____

Position: _____

Phone Number with Area Code: _____

13. Have you filed this complaint with any other Federal, State, or Local anti-discrimination agency?

Yes No If yes, what agency? _____ When? _____

14. If Employment is the Area, give approximate number of ALL employees (full-time & part-time) at ALL employer locations in Dubuque and in Iowa (REQUIRED) _____

4-14 15-19 20-100 101-200 201-500+

15. If Employment is the Area, what is your hire date or application date? _____

Are you still employed by the **Organization** listed in #8? Yes No

If no, **when** did your employment **end**? _____ (month, day, year)

If no, **how** did your employment end? Terminated Quit

16. If Housing is the Area, what is the type of property involved?

Single family house House or building for 2, 3, or 4 families
Building for 5+ families 55+ community Other _____

When did you move into this address? _____

Does the owner live on the property? Yes No Unknown

Was the property built after March 13, 1991? Yes No Unknown

17. Name of your Attorney or Representative (if any): _____

Phone Number of Attorney or Representative: _____

18. Witnesses you feel can provide evidence in your support:

Name of Witness 1: _____

Position: _____

Address: _____

City/State/Zip Code: _____

Phone with area code: _____

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Name of Witness 2: _____

Position: _____

Address: _____

City/State/Zip Code: _____

Phone with area code: _____

18. What relief are you seeking for the alleged discrimination? _____

19. Would you be willing to participate in mediation in order to seek an early resolution of your claim? Yes No

I learned about the Dubuque Human Rights Commission from (be specific) . . . _____

If you have any documents or correspondence that you believe might be helpful to your case please provide them to our office. Please fill in the details of your complaint below.

17. BRIEF SUMMARY OF ALLEGATIONS. Please describe what happened to you, being as specific as possible. Please be sure to include *why* you feel you were discriminated against because of the basis(es) you marked in response to question #5. Provide names and dates if you have them. If more space is needed, please attach additional pages. A formal complaint must be filed within 300 days of the date of the most recent discriminatory action.

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.

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X _____
Signature of Complainant

Date