

DUBUQUE HUMAN RIGHTS COMMISSION COMPLAINT FORM

563-589-4192 /Fax: 563-690-6691/www.cityofdubuque.org/humanrights

OHRC#	(AGENCY USE ONLY)	Dubuque Human Rights Commission 1157 Central Ave. Dubuque, IA 52001
Code Violation	(PLEASE TYPE OR PRINT LEGIBLY)	

-----SECTION 1 • COMPLAINANT INFORMATION-----

Your legal name: _____

Your preferred name: _____

Your mailing address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email address: _____

Your date of birth: _____ / _____ / _____ Your pronouns: _____ / _____ / _____

Have you previously filed this complaint with any other federal, state, or local anti-discrimination agency? Yes No

If yes, what agency? _____ When? _____

-----SECTION 2 • DISCRIMINATION INFORMATION-----

1. Please indicate the **AREA(S)** in which the discrimination occurred.

<input type="checkbox"/> Employment	<input type="checkbox"/> Public Accommodation	<input type="checkbox"/> Housing
<input type="checkbox"/> Education	<input type="checkbox"/> Credit	<input type="checkbox"/> Retaliation

2. Please indicate the **ACTION(S)** that the organization took against you.

Employment

- Demotion
- Denied Accommodation
- Denied Benefits
- Discipline
- Failure to Hire
- Failure to Promote
- Failure to Recall
- Failure to Train
- Forced to Quit/Retire
- Harassment
- Layoff
- Reduced Hours
- Reduced Pay
- Suspension
- Termination
- Undesirable Assignment/Transfer
- Unequal Pay

Public Accommodation

- Denied Accommodation
- Denied Service

Housing

- Denied Accommodation or Modification
- Eviction
- Failure to Rent
- Harassment

Education

- Denied Accommodation
- Harassment

Credit

- Denied Accommodation
- Denied Financial Services/Credit

- Other: _____

3. Please indicate the BASIS(ES) or reasons for the discrimination.

a. Do you believe you were discriminated against because of your race (circle one)? Yes No

If yes, what is your race? _____

b. Do you believe you were discriminated against because of your skin color? Yes No

If yes, what is your skin color? _____

c. Do you believe you were discriminated against because of your national origin? Yes No

If yes, what is your national origin? _____

d. Do you believe you were discriminated against because of your sex? Yes No

If yes, what is your sex? _____

e. Do you believe you were discriminated against because of your sexual orientation? Yes No

If yes, what is your sexual orientation? _____

f. Do you believe you were discriminated against because of your gender identity? Yes No

If yes, what gender do you identify as? _____

g. Do you believe you were discriminated against because of a disability? Yes No

If yes, what is your real or perceived disability? _____

h. Do you believe you were discriminated against because of your religion or creed? Yes No

If yes, what is your religion or creed? _____

i. Do you believe you were discriminated against because of your pregnancy or pregnancy - related condition? Yes No

j. Do you believe you were discriminated against because of your age? Yes No

If yes, do you believe you were discriminated because you are older or because you are younger? _____

k. If your complaint involves housing or credit, do you believe you were discriminated against based on your familial status? Yes No

If yes, how many children live with you? _____

l. If your complaint involves credit, do you believe you were discriminated against based on your marital status? Yes No

If yes, what is your marital status? _____

m. Do you believe you were retaliated against because you reported discrimination to someone within the organization, filed a complaint with the Dubuque Human Rights Commission, IOCR, or participated as a witness in an anti-discrimination agency proceeding?

If yes, what did you report or complain about, and to whom?

State what happened to you as a result of your report or complaint.

4. What was the date (month/day/year) of the MOST RECENT discriminatory incident? (REQUIRED): _____

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

6. Are you still employed by the organization that discriminated against you? Yes No
If no, when did your employment end? _____ (month, day, year)
If no, how did your employment end?
 Terminated Voluntary Quit Forced to Quit/Retire

-----SECTION 3 • RESPONDENT INFORMATION-----

7. What is the full legal name of the organization that discriminated against you?
[This organization will be charged with discrimination and given a copy of your complaint.]

Address: _____
City: _____ County: _____ State: _____
Zip Code: _____ Telephone #: (_____) _____ - _____

8. If the organization listed in #7 has a parent organization or corporate office, list it here.
[This organization will also be charged with discrimination and given a copy of your complaint.]

Address: _____
City: _____ State: _____
Zip Code: _____ Telephone #: (_____) _____ - _____
If more than two respondents, please list additional organization or individual respondents, including name, job title, and address, on an attached piece of paper. The additional organizations/individual respondents will also receive a copy of the complaint.

9. Provide the address of the location where the discrimination occurred:

10. Were you placed by a temporary firm agency at the organization that discriminated against you?
[If the answer is yes and you wish to file a complaint against the temporary staffing firm, you will need to file a separate complaint form naming that firm.]
 Yes No

11. If Employment is the Area, indicate approximate number of ALL employees (full-time and part-time) at ALL employer locations nationwide (REQUIRED):
 4-14 15-19 20-100 101-200 201-500 500+

-----SECTION 4 • BRIEF SUMMARY OF ALLEGATIONS-----

Please describe what happened to you. State how you were discriminated against. What happened? When did it happen? Be sure to address each Action you checked on page one and each Basis you addressed on page two. *[Please read the instruction sheet before writing your brief summary.]*

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

Signature of Complainant (REQUIRED)

Date

DUBUQUE HUMAN RIGHTS COMMISSION

Contact Information

Note: This information will NOT be given out to anybody.
It is for OHRC use only.

Your Name: _____

Contact Person

Please provide the name and telephone number of a relative or friend who will always know where you can be reached. Your "Contact Person" should be someone who does not live with you.

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone #: (home) _____

(work) _____

(cell) _____

E-mail: _____