



**INTAKE INFORMATION FORM
CEDAR RAPIDS CIVIL RIGHTS COMMISSION**

50 2nd Avenue Bridge, 7th Floor ♦ Cedar Rapids, IA 52401 ♦ 319-286-5036

| | |
|--------------------------|--|
| AGENCY USE ONLY | |
| Local Commission # _____ | |
| ICRC # _____ | |
| EEOC # _____ | |
| Date Received: _____ | |

**IMPORTANT:
PLEASE READ**

- ♦ This form is affected by the Privacy Act of 1974
- ♦ This form is used to obtain information **PRIOR** to the complaint process
- ♦ **THIS IS NOT AN OFFICIAL COMPLAINT**
- ♦ The organization/person listed on this form will be served with a copy of your official complaint
- ♦ Any false statements or failure to disclose information may be detrimental to the case and may result in an adverse finding.

NOTE: Please type or print (in ink only)
Please read instructions before completing this form. Red asterisks (*) indicates required fields.

| | | | |
|---|----------|---|---------|
| Full Name: (First, Middle, Last) * | | | |
| Address: (House Number and Street or PO Box) * | | E-Mail Address: (optional) | |
| City: * | State: * | Zip Code: * | County: |
| Home Phone Number with Area Code: * | | Alternate Phone Number with Area Code: | |
| Leave Voicemail? * Yes No | | Date of Most Recent Discriminatory Incident: * | |
| Date of Birth: * | | Preferred Contact Method (Mail, E-Mail, Phone): * | |
| Name of Person to Contact if You Cannot Be Reached: * | | Contact Person's Phone Number with Area Code: * | |
| Name of Attorney or Representative (If Applicable): | | Attorney's Phone Number: | |

| BASIS(ES) OF DISCRIMINATION (REQUIRED) DISCRIMINATION WAS BECAUSE OF: | |
|---|--|
| <input type="checkbox"/> Age | |
| <input type="checkbox"/> Association (with protected class): Please specify: _____ | |
| <input type="checkbox"/> Color: Light skinned _____ Dark skinned _____ | |
| <input type="checkbox"/> Creed: Please specify: _____ | |
| <input type="checkbox"/> Familial Status: Age(s) of child(ren): _____ | |
| <input type="checkbox"/> Gender Identity: Please specify: _____ | |
| <input type="checkbox"/> Lawful Source of Income (<i>Marion ONLY</i>): Please specify: _____ | |
| <input type="checkbox"/> Marital Status: Please specify: _____ | |
| <input type="checkbox"/> Mental Disability | |
| <input type="checkbox"/> National Origin: (Country of Origin, Ethnicity or Accent): _____ | |
| <input type="checkbox"/> Physical Disability | |
| <input type="checkbox"/> Race: Please specify: _____ | |
| <input type="checkbox"/> Religion: Please specify: _____ | |
| <input type="checkbox"/> Retaliation (check only if you filed a prior complaint with us or opposed a discriminatory practice) | |
| <input type="checkbox"/> Sex/Gender: Please specify: _____ | |
| <input type="checkbox"/> Sexual Orientation: Please specify: _____ | |

| AREA(S) OF DISCRIMINATION (REQUIRED) ACT(S) OF DISCRIMINATION WERE RELATED TO: |
|---|
| <input type="checkbox"/> Credit |
| <input type="checkbox"/> Education |
| <input type="checkbox"/> Employment |
| <input type="checkbox"/> Public Accommodations |

NAME OF BUSINESS OR SERVICE PROVIDER YOU BELIEVE DISCRIMINATED AGAINST YOU (REQUIRED):

This organization will be charged with discrimination and will be given a copy of your complaint.

| | | | |
|--|-----------|-----------------------|-----------|
| Name of Business or Service Provider: | | | |
| Address: | City: | State: | Zip Code: |
| Contact Person (owner, manager, official): | Position: | Phone with Area Code: | |
| Type of Business: | | | |

PLEASE LIST OTHER NAMES OF COMPANY: (PARENT ORGANIZATION OR CORPORATE OFFICE)

This organization will be charged with discrimination and will be given a copy of your complaint.

| | | | |
|---|-----------|-----------------------|-----------|
| Name of Business or Service Provider: (if applicable) | | | |
| Address: | City: | State: | Zip Code: |
| Contact Person (owner, manager, official): | Position: | Phone with Area Code: | |

Identify the person(s) who discriminated against you (REQUIRED)

Name(s):

Position/Title:

If you are claiming *harassment*, who harassed you (REQUIRED)

Name(s):

Position/Title:

Date of harassment:

Location:

If discrimination occurred in area of *employment* please answer the following questions (REQUIRED):

What was your hire date or application date?

Are you still employed by this organization?

If not, please indicate date of termination:

WITNESSES YOU FEEL CAN PROVIDE EVIDENCE IN YOUR SUPPORT:

| | | | |
|----------------------|-----------|-----------------------|------|
| (1) Name of Witness: | Position: | Phone with area code: | |
| Address: | City: | State: | Zip: |
| (2) Name of Witness: | Position: | Phone with area code: | |
| Address: | City: | State: | Zip: |

Have you filed this complaint with any other Federal, State, or Local anti-discrimination agency or group?
(If so, please list the name and date of filing.)

Complaint Summary: Please fill in the particulars of your complaint, being as specific as possible, and include who discriminated, when it happened, where it happened, and why you believe it happened. **(REQUIRED)**
Remember to state *why* you feel you were discriminated against. Provide names and dates if you have them.
The Complaint must be filed with the Cedar Rapids Civil Rights Commission within 300 days of the **date of the most recent discriminatory incident.** **If more space is needed, please attach additional pages.**

Please answer these questions as they relate to your complaint **(REQUIRED)**:

1. What happened to you that was discriminatory?

2. Why do you think it was based on your protected class (age, disability, race, religion, sex, etc.)?

3. How were others who are not in your protected class treated more favorably?

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. **(REQUIRED)**.

X _____ Date _____
Signature

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

I LEARNED ABOUT THE CEDAR RAPIDS CIVIL RIGHTS COMMISSION FROM: (BE SPECIFIC)

RELIEF:

What relief are you seeking for the alleged discrimination?

Would you be willing to participate in conciliation (mediation) to seek an early resolution of your claim?

Yes No

If you have any documents or correspondence that you believe might be helpful in this investigation, please provide copies to our office.