



**AGENCY USE ONLY**  
 Local Commission # \_\_\_\_\_  
 ICRC # \_\_\_\_\_  
 EEOC # \_\_\_\_\_  
 Date Received: \_\_\_\_\_

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

425 Second Street SE, Suite 960 ♦ Cedar Rapids, IA 52401 ♦ 319-286-5036

- IMPORTANT:**
- ♦ 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

**NOTE: Please type or print (in ink only)**  
**Please read instructions before completing this form.**

Name(s): (First, Middle, Last)		
Address: (Number and Street)		E-Mail Address: (optional)
City:	State:	Zip Code: County:
Home Phone Number and Area Code:		Alternate Phone Number and Area Code:
Name of Person to Contact if You Cannot Be Reached:		Contact Person's Phone Number and Area Code:
Date of Most Recent Discriminatory Incident: <b>(REQUIRED)</b>		Date of Birth: Social Security Number:
Sex/Gender:	Race:	National Origin:
Name of Attorney or Representative:		Phone Number:

**BASIS(ES) OF DISCRIMINATION (REQUIRED)**  
 DISCRIMINATION WAS BECAUSE OF:

<input type="checkbox"/> Age	<input type="checkbox"/> National Origin
<input type="checkbox"/> Color	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Creed	<input type="checkbox"/> Race
<input type="checkbox"/> Familial Status	<input type="checkbox"/> Religion
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sex (Gender)
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Retaliation (because I filed a prior complaint or opposed a discriminatory practice)	

**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"/> Housing
<input type="checkbox"/> Public Accommodations

**NAME OF BUSINESS OR SERVICE PROVIDER YOU BELIEVE DISCRIMINATED AGAINST YOU:**  
 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 and 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 and Area Code:	

Give estimated number of full and part-time employees (other than owner's family members) for ALL CEDAR RAPIDS employer locations:	
Give estimated number of full and part-time employees (other than owner's family members) for ALL IOWA employer locations:	

Identify the person(s) who discriminated against you.

Name(s):

Position/Title:

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

Name(s):

Position/Title:

Date of harassment:

Location:

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

What was your hire date or application date?

Are you still employed by this organization?

In not, please indicate date of termination:

**WITNESSES YOU FEEL CAN PROVIDE EVIDENCE IN YOUR SUPPORT:**

(1) Name of Witness:	Position:	Phone and area code:	
Address:	City:	State:	Zip:
(2) Name of Witness:	Position:	Phone and 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.

**Remember to state *why* you feel you were discriminated against.** Provide names and dates if you have them. The Complaints must be filed with the Cedar Rapids Civil Rights Commission **within 180 days** of the **date of the most recent discriminatory incident**. **If more space is needed, please attach additional pages.**

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

*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)**