



## INTAKE INSTRUCTIONS CEDAR RAPIDS CIVIL RIGHTS COMMISSION

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

### IMPORTANT INSTRUCTIONS FOR FILING YOUR CIVIL RIGHTS COMPLAINT

Please read these instructions *before* you begin answering the questions on the complaint form. If possible, TYPE your answers. If typing is not possible, then PRINT your answers using ink (no pencil).

#### **EXAMPLES:**

1. **Name(s) List your first, middle and last name:** Example Mary Jane Doe
2. **Address: (Number and Street)** Example 425 Second Street SE
3. **E-Mail Address:** list your e-mail address; this is optional
4. **City:** List the City in which you live
5. **State:** List the State in which you live
6. **Zip Code:** List the zip code of your address
7. **County:** List the County in which you live
8. **Home Phone Number and Area Code:** Example: 319-286-5036
9. **Alternate Number:** List another number we can use to contact you.
10. **Name of person to contact if you cannot be reached:** List first and last name of additional contact person
11. **Phone Number and Area Code:** List phone number with area code of the contact person.
12. **Date of most recent discriminatory incident:** *This is required for us to begin complaint process.* Write down the date of the most recent incident of discrimination.
13. **Date of Birth**
14. **Social Security Number** (optional)
15. **Sex/Gender**
16. **Race**

17. **National Origin:** This is your birth country and/or your ancestry. If you were born in this country use USA. If you are filing on the basis of National Origin (Native American, Mexican American, Italian American, etc.) then please use that.
18. **Name of Attorney or Representative:** if you have an attorney or representative please list his or her first and last name. You are not required to have an attorney or representative.
19. **Phone Number:** List phone number with area code of the contact person of attorney or representative
20. **Basis(es) of Discrimination:** *This is required for us to begin complaint process.* Check the box(es) that apply to WHY you feel you were discriminated against.
21. **Area(s) of Discrimination:** *This is required for us to begin complaint process.* Check the box(es) of the area in which the discrimination occurred.
22. **Name of Business or Service Provider you believe discriminated against you:** List the organization where the discrimination occurred.
23. **Address:** Example 425 Second Street SE, Suite 960
24. **City:** List the City of the Business or Service Provider
25. **State:** List the State of the Business or Service Provider
26. **Zip Code:** List the zip code of the Business or Service Provider
27. **Contact Person:** list the owner, manager or official
28. **Position:** list the contact person's position at the Business or Service Provider
29. **Phone and Area Code:** list the contact person's phone number
30. **Type of Business:** Identify what type of business/company. Example: Meat Producer - Supermarket - Credit Card Center - Security Company, etc.
31. **List other names of company:** If known, list the parent organization or corporate office
32. **Address:** Example 425 Second Street SE
33. **City:** List the City of the parent organization or corporate office
34. **State:** List the State of the parent organization or corporate office
35. **Zip Code:** List the zip code of the parent organization or corporate office
36. **Contact Person:** list the owner, manager or official
37. **Phone and Area Code:** list the contact person's phone number

38. **Give estimated number of full and part-time employees (other than owner's family members) for ALL CEDAR RAPIDS employer locations:** If known, list number of employees in Cedar Rapids locations.
39. **Give estimated number of full and part-time employees (other than owner's family members) for ALL IOWA employer locations:** If known, list number of employees in Iowa locations.
40. **Identify the person(s) who discriminated against you.**
- ◆ **Name(s):** List first and last name of person(s) who discriminated against you.
  - ◆ **Position/Title:** List position/title of person(s) who discriminated against you.
41. **If you are claiming *harassment*, who harassed you?**
- ◆ **Name(s):** List first and last name of person(s) who harassed you.
  - ◆ **Position/Title:** List position/title of person(s) who harassed you.
  - ◆ **Date of harassment:** List date of the incident(s) of harassment.
  - ◆ **Location:** List where the harassment occurred: City, employer name, etc.
42. **If discrimination occurred in area of *employment* please answer the following questions:**
- ◆ **What was your hire date or application date?** List the date you were hired at this company or the date you applied at this company.
  - ◆ **Are you still employed by this organization?**
  - ◆ **In not, please indicate date of termination:**
43. **Witnesses you feel can provide evidence in your support:** List name, position, address and phone numbers of witnesses.
44. **Have you filed this complaint with any other federal State or Local anti-discrimination agency or group:** Such as: EEOC, HUD, Iowa Civil Rights Commission, NAACP. Important, to keep from duplicating efforts of another agency.
45. **Complaint Summary:** Please list, in chronological order, all the negative things that happened to you. **Make sure to sign and date your complaint summary.** Include key facts and be sure to provide the following information:
- ◆ **What happened?**
  - ◆ **When did it happen?**
  - ◆ **Who made the decision for the company/organization? (Include name and job title)**
  - ◆ **What makes you think the action or decision was discriminatory? (VERY IMPORTANT)**
- 46: **I learned about the Cedar Rapids Civil Rights Commission from:** Where did you learn of this agency?  
Be specific