

**BETTENDORF HUMAN RIGHTS COMMISSION
COMPLAINT FORM**

FILE IN THE OFFICE OF THE CITY ATTORNEY
1609 STATE ST
BETTENDORF, IOWA

(Email or Faxed copies are not accepted—signed originals only)

This form is affected by the Privacy Act of 1974

Please Type or Print legibly in ink only. Red Asterisk (*) indicates required fields.

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

Your full legal name:* _____

Your mailing address: * _____

City: * _____ State: * _____ Zip Code: * _____

Telephone number where you can be reached: * _____

Email address: _____

Your date of birth: * _____ Your sex/gender: _____

Name and address of the Attorney representing you, if any, on this matter: *

Name of person who can contact you if you cannot be reached:* _____

Address & telephone number of contract person* _____

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 • RESPONDENT INFORMATION-----

1. 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: _____

State: _____ Zip Code: _____ Telephone #: (_____) _____ - _____

2. 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 #: (_____) _____ - _____

3. Provide the address of the location where the discrimination occurred: *

4. What is the name and position/title of the person who discriminated against you? * _____

If you are claiming harassment, identify the individual(s) who harassed you. These individuals will be charged with discrimination and will be given a copy of your complaint. *

Name: _____ Job Title: _____

Work or Home Address: _____

Name: _____ Job Title: _____

Work or Home Address: _____ If more than two individuals, please list by name, job title, and address on an attached piece of paper.

-----SECTION 3 • DISCRIMINATION INFORMATION-----

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

- Employment
- Education
- Public Accommodation or Service
- Credit
- Housing
- Retaliation

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

- Demotion
- Denied Accommodation or Modification
- Denied Benefits
- Denied Financial Services/Credit
- Denied Service
- Discipline
- Eviction
- Failure to Hire
- Failure to Promote
- Failure to Rent
- Failure to Recall
- Failure to Train
- Forced to Quit/Retire
- Harassment
- Layoff
- Reduced Hours
- Reduced Pay
- Sexual Harassment
- Suspension
- Termination
- Undesirable Assignment/Transfer
- Unequal Pay

Other: _____

BASIS(ES) OF DISCRIMINATION (REQUIRED)

- Age** _____
- Color:** Light skinned _____ Dark skinned _____
- Creed:** Please specify: _____
- Familial Status:** Age(s) of child(ren): _____
- Gender Identity:** Please specify: _____
- National Origin/Ancstry:** Please specify: _____
- Mental Disability:** Please specify: _____
- Physical Disability:** Please specify: _____
- Race:** Please specify: _____
- Religion:** Please specify: _____
- Retaliation:** (Check only if you filed a prior complaint with us or opposed a discriminatory practice)
- Sex/Gender:** Please specify: _____
- Sexual Orientation:** Please specify: _____

8. What was the date (month/day/year) of the MOST RECENT discriminatory incident? * _____

9. If Employment is the Area, what was your hire date or application date? * _____

10. 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

11. If Employment is the Area, indicate approximate number of ALL employees (full-time and part-time) at ALL employer locations nationwide:* _____

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

Please explain the facts and circumstances that show the discrimination. Be specific regarding the name of the person or business which discriminated, the place and time of the incident, and the facts leading up to and immediately following the incident. If the space provided is not enough, you may attach additional sheets. Be sure to address each Action and Basis on page two.*

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*

Date*

To Be Filled Out By the City Attorney:

1. Date received: _____
2. Complaint Number _____
3. Verification of Probable Jurisdiction _____
4. Date transferred for Intake: _____

City Attorney