Davenport Civil Rights Commission
226 West 4th Street
Davenport, Iowa 52801
(563) 326-7888

Complaint of Discrimination under Davenport Municipal Code Section 2.58
"Davenport Civil Rights Ordinance"

(AGENCY USE ONLY)

________________________________________   )   DCRC Commission # ___________

vs.                                           )   ICRC CP# __________________________

________________________________________   )   EEOC # __________________________

________________________________________

NOTE: PLEASE TYPE OR PRINT (In Ink Only)

1. What is your legal name? ________________________________________________
   What is your preferred name? ____________________________________________
   What is your street address? ____________________________________________
   City: ___________________________ State: ________ Zip Code: ____________
   Telephone Number: _____-______-_______

2. Name of someone who can contact you: ____________________________________
   Address of the contact person: __________________________________________
   Telephone number of Contact person: _____-______-_______

3. What is your date of birth? ____________________ Sex: __________
   Race: __________ National Origin (ancestry): _________________________
4. Please check the **AREA** in which the discrimination occurred.

<table>
<thead>
<tr>
<th>Credit</th>
<th>Housing</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
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5. On what **BASIS(ES)** do you feel you have been discriminated against? (Please check)

<table>
<thead>
<tr>
<th>☐ Age</th>
<th>☐ Sexual Orientation</th>
<th>☐ Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Race</td>
<td>☐ Creed</td>
<td>☐ Religion</td>
</tr>
<tr>
<td>☐ National Origin or Ancestry</td>
<td>☐ Sex</td>
<td>☐ Disability</td>
</tr>
<tr>
<td>☐ Pregnancy</td>
<td>☐ Mental</td>
<td>☐ Physical</td>
</tr>
<tr>
<td>☐ Marital Status</td>
<td>☐ Familial Status</td>
<td>☐ Gender identity</td>
</tr>
<tr>
<td>☐ Retaliation*</td>
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</table>

*Because I filed prior civil rights complaint or otherwise exercised my civil rights.

6. What is the **FULL LEGAL NAME** of the business or company that discriminated against you? __________________________________________

What is that company's street address? __________________________________________

City: __________________________ State: __________ Zip Code: __________

County: _______________________

Telephone Number: ____-____-_____

7. What does that business/company do? __________________________________________

8. If the company named in # 6 is owned by another company, what is the **FULL LEGAL NAME** of the owner company?

_____________________________________________________________________

What is that company's street address? __________________________________________

City: __________________________ State: __________ Zip Code: __________

Telephone Number: ____-____-_____

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9. Give approximate total number of full & part-time employees at ALL employer locations (REQUIRED INFORMATION): ______________

10. Have you filed this complaint with any other Federal, State, or Local Anti-Discrimination Agency?  Yes ___No___

   If yes, what agency? ___________________________________________________________

   Month:_________ Day _________ Year ____________

11. This complaint will be automatically cross filed with the Equal Employment Opportunity Commission and the Iowa Civil Rights Commission.

12. Identify the person at the company who discriminated against you.

   Name: __________________________________________________________

   Position/Title: ______________________________________________________

13. If you are claiming harassment, who harassed you?

   Name: ________________________________

   Is this person your Supervisor or Co-worker? (Circle One)

   Position/Title: ______________________________

14. What is the date that a discriminatory action was taken against you? ___________

   (THE DATE OF INCIDENT IS REQUIRED)

   What happened on that date? ____________________________________________

Please fill in the particulars of your complaint below. Please be concise. Be sure to state why you feel you were discriminated against, why you believe the discrimination was based on the protected class (see #5) and include comparison parties outside your protected class. The heading are provided to assist you. You may attach no more than 2 additional pages to this form.

I. What adverse action or harm happened to you?
II. Why was this adverse action unfair?

III. Describe how were people outside your protected class were treated more favorably.

I believe that I have been discriminated against in violation of Davenport Municipal Code §2.58 as amended. 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 of Complainant

Verification without notary authorized by Iowa Code section 622.1; 28 U.S.C. section 1746
DAVENPORT CIVIL RIGHTS COMMISSION
HOUSING DISCRIMINATION COMPLAINT QUESTIONNAIRE

COMPLAINANT INFORMATION:

1. Please provide the following information about yourself:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
<th>Daytime Telephone</th>
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<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Work Telephone</th>
<th>May we call you at work?</th>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Days/Hours Worked:</th>
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2. In case we can’t reach you at your address or phone number, who can we contact who will always know how to reach you?

<table>
<thead>
<tr>
<th>Contact person:</th>
<th>Relationship:</th>
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<tbody>
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<table>
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<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>Telephone number(s):</th>
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3. How did you find out about the Davenport Civil Rights Commission?

_____ Filed Previous Complaint   _____ Other Legal Program   _____ Friend or Relative

_____ Media   _____ Other (specify): ______________________

RESPONDENT INFORMATION:

4. Please provide the following information about the person or business you feel discriminated against you:

______________________________________________________________________________________

Name, address and telephone number of person/business

______________________________________________________________________________________

Name, address and telephone number of any additional person/business

COMPLAINT INFORMATION:

5. Date of first discriminatory incident: _____________ Date of last discriminatory incident: ___________
6. On which of the following bases do you feel you were discriminated?
Race _____    Color _____    Religion _____    Creed (Beliefs) _____    Sex _____    Age _____
Sexual Orientation _____    National Origin or Ancestry _____    Familial Status (Presence of Children) _____
Marital Status _____    Mental or Physical Disability _____    Gender Identity _____    Retaliation _____

7. In which area of housing practices did the discrimination occur?
Rental _____    Eviction _____    Application _____    Purchase _____    Other (specify) _______________

8. What is the address of the apartment unit/house that this complaint is about?
__________________________________________________________________________________________
__________________________________________________________________________________________
Name of Building/Apartment Complex (if any):_____________________________________________________
Size of Unit: _______________    Rent/Price: _________    Desired Occupancy Date: _____________
No. of Units in Building: _________    No. of Buildings in Complex: _________

9. In the space below, please give a short summary of the discriminatory incident. List specific incident(s).
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

10. Why do you believe what happened to you was discrimination?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

11. Is there anyone you know who you believe did the same things as you but were NOT treated in the same manner as you by the Respondent? If so, please provide us with the following:
Name: _______________________________    Name: _______________________________
Race: _______________________________    Race: _______________________________
Sex: _______________________________    Sex: _______________________________
12. If you rent the property, who is the landlord? _______________________________________________

13. Did you have a lease? Was it in writing? ____________________________________________________

14. If you were evicted, what reason were you given for the eviction? ______________________________
________________________________________________________________________________________

15. Please provide us with the following information of anyone who witnessed the discriminatory incident:

   Name: ____________________________________________  Name: _________________________________
   Address: _______________________________  Address: _________________________________
   Phone: _______________________________  Phone: _________________________________

**HOUSEHOLD DATA** (who lives or would be living in the unit OTHER THAN YOU?):

   Name: ____________________________________________  Relationship:_______________  Sex: M F
   Race: ___________  Birthdate: ________________  Age: ____

   Name: ____________________________________________  Relationship:_______________  Sex: M F
   Race: ___________  Birthdate: ________________  Age: ____

   Name: ____________________________________________  Relationship:_______________  Sex: M F
   Race: ___________  Birthdate: ________________  Age: ____

   Name: ____________________________________________  Relationship:_______________  Sex: M F
   Race: ___________  Birthdate: ________________  Age: ____

16. Have you contacted any other civil rights agency about this issue?  Y  N

17. What relief are you seeking? ______________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Date: ________________  
Signature