

DAVENPORT CIVIL RIGHTS COMMISSION

COMPLAINT FORM

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.

<input type="checkbox"/> <u>Credit</u>	<input type="checkbox"/> <u>Housing</u>	<input type="checkbox"/> <u>Education</u>
<input type="checkbox"/> <u>Employment</u>	<input type="checkbox"/> <u>Public Accommodations</u>	

5. On what BASIS(ES) do you feel you have been discriminated against? (Please check)

<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Color
<input type="checkbox"/> Race	<input type="checkbox"/> Creed	<input type="checkbox"/> Religion
<input type="checkbox"/> National Origin or Ancestry	<input type="checkbox"/> Sex <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Disability <input type="checkbox"/> Mental <input type="checkbox"/> Physical
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Gender identity
<input type="checkbox"/> Retaliation*	* <i>Because I filed prior civil rights complaint or otherwise exercised my civil rights.</i>	

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: ____ - ____ - _____

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 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

DISCRIMINATION EMPLOYMENT QUESTIONNAIRE
DAVENPORT CIVIL RIGHTS COMMISSION - COMPLAINT INTAKE INFORMATION

CONFIDENTIAL - Not for general release

Name: _____

Are you Disabled? _____ What is the nature of your disability? _____

Date you were hired by the Respondent: _____

Name of the person who hired you: _____

What was your starting position? _____

What is your present/ending position? _____

What was your starting pay? _____ What is your present/ending pay? _____

Briefly describe the duties you perform(ed) on your job? _____

Were/are there any differences in the duties of others with the same job title as you? _____

How was/is your attendance on the job? _____

Are you always on time? _____ Were you ever reprimanded in writing for poor attendance? Yes ___ No _____

List all other warnings or reprimands given to you by Respondent.

Approximately how many persons work for the Respondent at the location where you work(ed)? _____

Of the total, approximately how many are minorities? _____

Does Respondent handle any governmental contracts? Yes ____ No ____ Unknown ____

Are you an employee or an independent contractor? _____

Please circle appropriate basis (protected class) for complaint:

age - if so, what is your age? _____

disability if so, what is your disability? _____

creed race sex color national origin religion

marital status sexual orientation gender identity familial status (presence of children)

Please check the ADVERSE ACTION that the Organization took against you. (Check all that apply)

_____ Demotion	_____ Failure to Train
_____ Denied Accommodation/Modification	_____ Forced to Quit/Retire
_____ Denied Benefits	_____ Harassment
_____ Denied Financial Services/Credit	_____ Laid-Off/ Failure to Recall
_____ Denied Service	_____ Reduced Hours
_____ Disciplined/Suspended	_____ Reduced Pay
_____ Failure to Hire	_____ Failure to Promote
_____ Undesirable Assignment/Transfer	_____ Different terms/conditions or treatment
_____ Unequal Pay	Other: _____

If you were terminated, date of the termination: _____

Name and job title of the person who terminated you: _____

Why do you believe what happened to you was discrimination: _____

Please describe in detail what happened? Please use full names and dates of events.

What reason(s) was given to you by Respondent for the action taken against you? _____

Did you ever complain to anyone at the company about discriminatory action against you by anyone on the job? _____

Describe how you believe you were treated differently than your co-workers?

What is the protected class of the co-workers you talk about above? _____

Give the names of persons who did the same thing as you but were NOT treated in the same manner (comparison parties):

Name: _____

Name: _____

Race: _____ Age _____

Race: _____ Age _____

Sex: _____

Sex: _____

Title: _____

Title: _____

Supervisor: _____

Supervisor _____

5. If you are claiming harassment, how often did the harassment take place and who harassed you?

6. Is the person harassing you as supervisor or a co-worker? _____

Does Respondent have a union? Yes _____ No ____ If yes, are you a member? _____

Union Name: _____

Did you ever complain to the union about the discrimination? Yes _____ No _____

Was a grievance filed? Yes ____ No ____ What action did the union take? _____

If you were denied employment (failure or refusal to hire), what was the position you were applying for?

To the best of your knowledge, what were the duties of the position: _____

What were the qualifications needed for this position? Education, skills, prior experience, etc.

What reasons were you given for not being hired? _____

Witnesses:

1. _____

Name

Address

Phone No.

What will this witness tell us: _____

2. _____

Name

Address

Phone No.

What will this witness tell us: _____

3. _____

Name

Address

Phone No.

What will this witness tell us: _____

4. _____

Name

Address

Phone No.

What will this witness tell us: _____

5. _____

Name

Address

Phone No.

What will this witness tell us: _____

6. _____

Name

Address

Phone No.

What will this witness tell us: _____

7. _____

Name

Address

Phone No.

What will this witness tell us: _____

8. _____

Name

Address

Phone No.

What will this witness tell us: _____