



FORT DODGE

HUMAN RIGHTS COMMISSION

819 1st Avenue South * Fort Dodge, IA 50501 * (515) 576-2201

Fort Dodge

Dear Complainant:

The instructions and complaint form you requested are enclosed. Please read all the information and instructions before you fill out the complaint form.

The complaint form you send in to the Fort Dodge Human Rights Commission will be photocopied and mailed to the Respondent. The Commission will not make any corrections or changes to the complaint form without your permission.

You may make copies of the blank complaint form if you need additional copies. You can also obtain our complaint form from our website. <http://www.fortdodgeiowa.org>

Please avoid the following mistakes in order to speed up the processing of your complaint:

- DO NOT try to put every detail on the complaint form (Question 17), but do provide a brief summary of each incident or **action** that you believe was discriminatory.
- DO NOT leave the Date of Incident blank (Question 15). We need the date of the most recent discriminatory incident. (This may be the date you quit your job, the date you were terminated, the date you found out you were not hired, the date you were denied service, the date you were treated differently, etc.)
- We need the location/address where the discrimination occurred (where you worked or where you were denied service.) We have to mail a copy of the complaint to the organization you are filing against. We need a **valid mailing address**.
- DO NOT put unrelated organizations on the same complaint form, unless one directly owns the other. If you are filing against more than one organization you need to file a separate complaint against each.
- DO NOT file with **both** EEOC and ICRC. Our agencies cross-file with each other.
- DO NOT wait to file your complaint. The law requires that a complaint be filed (received at ICRC office) **within 300 days** of the most recent discriminatory incident.
- DO NOT forget to **sign** and **date** your complaint form.

Please contact our office at (515) 576-2201 if you have any questions.

Amanda Holmes
Human Rights Director
Fort Dodge Human Rights Commission



Complaint Form Instructions

Besides filing a complaint with the **Fort Dodge Human Rights Commission**, you may have other **legal options**. You may want to consult an attorney. If you need help finding an attorney, contact the **Iowa State Bar Association** at 515-243-3179 or 800-532-1108.

ATTENTION!

THESE ARE INSTRUCTIONS TO ASSIST YOU IN COMPLETING A FORT DODGE HUMAN RIGHTS COMMISSION COMPLAINT FORM. THIS IS NOT THE COMPLAINT FORM AND WILL NOT BE ACCEPTED AS A COMPLAINT FORM. DO NOT PROVIDE ANSWERS TO THE QUESTIONS BELOW, AS THIS WILL NOT BE PROCESSED AS A COMPLAINT OR INCLUDED AS PART OF YOUR COMPLAINT.

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

This section asks you to provide identifying information that is necessary for the FDHRC to file this complaint. You will be asked to provide your name, mailing address, telephone number, email address, date of birth, and your sex/gender.

You will also be asked if you have previously filed this same complaint with another government agency. The FDHRC frequently cross-files complaints with other agencies, so if you have previously filed this complaint with one agency, it may not be necessary to file the complaint again with the FDHRC.

-----SECTION 2 • DISCRIMINATION INFORMATION-----

This section asks you provide information about your allegations of discrimination.

Question 1: Indicate the Area(s) in which the discrimination occurred. Area describes the relationship between you and the organization you are filing against. Below are listed the Areas covered under the Iowa Civil Rights Act and enforced by the FDHRC.

Employment - You were employed or applied for employment with the organization (private or public employer, temp agency, etc.);

Public Accommodation - You had or sought services from the organization (grocery store, gas station, police, etc.)

Credit - You had or sought financial services from the organization (bank, mortgage lending institution, etc.);

Education - You had or sought educational services from the organization (elementary/secondary school, college, etc.);

Housing - You had or sought housing services from the organization (landlord, realtor, resident manager, etc.).

Question 2: Indicate the Action(s) that the organization took against you. Action is the manner in which you believed you were discriminated against. Please identify all actions which you believe were discriminatory.

Question 3: This is a series of questions that asks you to indicate the Basis(es) or Reasons for the discrimination. Please identify all reasons which you believe apply.

ANSWER REQUIRED

Question 4: Provide the date of the most recent discriminatory incident that the organization took against you. An answer to this question is required, as it is needed to ensure the complaint is timely filed with the FDHRC.

Question 5: If you have indicated that Employment is the Area, provide your hire date. For complaints alleging a failure to hire, provide your application date.

Question 6: If you have indicated that Employment is the Area, indicate whether you are still employed by the organization you claim discriminated against you. If not, please indicate how your employment ended.

-----SECTION 3 • RESPONDENT INFORMATION-----

This section asks you to provide information about the organization you are filing against.

Question 7: Provide the full legal name and contact information for the organization that discriminated against you.

Question 8: Provide the full legal name and contact information for the parent organization or corporate office of the organization that discriminated against you, if applicable.

Question 9: Provide the address of the physical location of where the discriminatory acts actually occurred. Do not put unrelated organizations on the same complaint form, unless one directly owns the other. If you are filing against more than one organization you need to file a separate complaint against each organization.

Question 10: Identify any individuals whom you claimed discriminated against you or harassed you. Be sure to provide job titles as well as work or home addresses. If you need to list more than two individuals please provide those names, titles, and addresses on a separate sheet of paper.

ANSWER REQUIRED

Question 11: If employment is the area, indicate the approximate number of all employees, including full-time and part-time at all employer locations. This allows the ICRC to cross-file qualifying complaints with the Equal Employment Opportunity Commission (EEOC) if a threshold number of employees is reached.

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

This section asks you to describe the discrimination you experienced from the organization and/or individuals you are filing against. Please be sure to address each action you identified. Ensure that your summary reflects the basis(es) you previously identified.

When writing your summary, think about the following questions:

1. **What** happened?
2. **When** did it happen?
3. **Who** made the decision for the organization?
4. **What** makes you think the decision or action was discriminatory?
5. **Why** do you believe that your basis (race, age, sex, etc.) was a factor in the organization's decision?

Employment Examples:

- A. I was terminated by Mark B. Jones, my supervisor, on November 15, 2005. I believe I was fired because of my age. I am 67 years old. Younger co-workers who had less experience and inferior work records were retained.
- B. Since my date of hire, June 12, 2001, I have been harassed by Jim Smith, a supervisor, because of my race. He calls me names and criticizes my work constantly. He treats me very differently from my white co-workers. I am African American. I believe he is treating me differently because of my race.
- C. On December 25, 2005, I applied for a sales position at the organization's downtown location. I was qualified for the position. I am Latino. I had 10 years of experience. A non-Latino with no experience was selected over me. The organization has approximately 35 sales persons. Only 1 is Latino. I believe my national origin was a factor in the organization's decision not to hire me.
- D. On February 28, 2004, I learned that I was being paid less than my male co-workers. I started working at the organization on June 1, 2002. I make \$7.00 per hour. My male co-workers make \$7.50 per hour. We all do the same job. We have the same duties. I am female. I believe that I am being paid less because of my sex.
- E. I injured my back on the job. I was off work for four weeks. My doctor released me to return to work with a 30 pound lifting restriction. The Organization refused to allow me to return to work unless I was 100% with no restrictions. On December 24, 2005, the Organization refused to accommodate my disability restriction with light duty even though there were jobs I could perform.
- F. I am pregnant. On September 29, 2006, I gave my boss a letter from my doctor that stated I could not lift more than 20 lbs. because of my pregnancy. My boss said the company would not accommodate my restriction. My boss said the company does not accommodate restrictions or limitations caused by non-work related temporary health conditions. I believe the company could have accommodated my restriction without causing an undue hardship.
- G. I am female. Since I started working for my current employer, my supervisor has made comments about my looks, has touched me inappropriately and has indicated that my career could really go places with the company if I would have an affair with him. I complained to the owner of the company to no avail. I believe I am being sexually harassed because I am female.

Public Accommodation Examples:

- A. On November 15, 2006, I went to the department store to return a shirt I had purchased. I handed the receipt to the clerk, who responded they do not do returns. However, the person in front of me returned merchandise without any receipt. That person was white. I am African American. I believe I was discriminated against because of my race.
- B. On May 18, 2006, I pulled into the store's parking lot. I parked behind another car. Police drove by and asked the driver of the car in front of me to move. The police then approached my car and gave me a ticket for parking in a no parking zone. I'm Latino, I believe my national origin was a factor in being ticketed.

Housing Examples:

- A. I applied to rent a house on May 15, 2006. I have two children under the age of 18. The owner took my application and said he would get back to me. He never called me so I called him back. He said the house was

rented so I had a friend call the owner. The owner asked my friend if she has any children. She replied, "No." The owner told my friend that the house was still available. I believe that I was refused rental because of my familial status (presence of children).

B. I am disabled. My doctor stated it would be therapeutic and beneficial if I kept a companionship pet such as a cat. On June 26, 2006, I presented a note from my doctor to the apartment manager and asked that their "no pets" rule be waived as a reasonable accommodation for my disability. The manager refused, and stated that they do not allow pets of any kind. I believe I was discriminated against due to my disability.

C. I am African American. I moved into this rental property in August 2006. I received an eviction notice from the management on January 23, 2007 stating that my tenancy was being terminated for violating the rules. I have seen white tenants violate the rules but their tenancy is not terminated. I believe the management is attempting to terminate my tenancy due to my race.

D. I am African American. In early July 2006, I applied for a loan at the bank to buy a house. The loan officer reviewed my application and credit report, and then told me I did not qualify for their lowest interest rate. The loan officer told me I qualified for a loan, but at a higher rate. After I signed the loan paperwork, on August 1, 2006, I learned of another person, not African American, whose financial situation is no better than mine, who qualified for the lower rate. I believe the loan officer and the bank refused to give me the lower rate because of my race.

Education Examples:

A. I am the parent of a twelve-year-old boy. Other boys in his class at school have been harassing him by calling him names and they push him down. On September 10, 2006, I reported the other boys' conduct to my son's teacher and the school principal. I expected them to stop the harassment. They did not. The harassment has continued. I know of other parents who have made complaints that the school acted on promptly. I believe the school failed to act on my complaint because my son and I are Muslim.

B. I have a disability which hinders the speed at which I read and comprehend information. Prior to taking the first exam for one of my college courses, I requested a reasonable accommodation of additional time to take the exam. My request was denied. I subsequently failed the exam. I believe I was discriminated against due to my disability.

Credit Example:

My bank advertised personal loans at 4.5% interest. A co-worker and myself both applied for \$5,000 loans. I am Latino, and my co-worker is white. We both earn about the same amount. We both have been with the company the same amount of time. My credit is good. My co-worker filed for bankruptcy six years ago. We both were approved for a loan, but my co-worker got his loan at 4.5 % and I got my loan at 6%. I believe I was discriminated against due to my national origin.

SIGNATURE REQUIRED

Your signature on the complaint form is required and the complaint cannot be processed until a signature is provided.



Protected Classes under Chapter 216 of the Iowa Code

Protected Classes	Areas of Protection				
	Employment	Housing	Public Accommodation	Education	Credit
Age	•				•
Color	•	•	•	•	•
Familial Status		•			•
Gender Identity	•	•	•	•	•
Marital Status					•
Mental Disability	•	•	•	•	
National Origin	•	•	•	•	•
Physical Disability	•	•	•	•	•
Pregnancy	•				
Race	•	•	•	•	•
Religion/Creed	•	•	•	•	•
Sex	•	•	•	•	•
Sexual Orientation	•	•	•	•	•

* Chapter 216 also prohibits Retaliation on the bases of participation and opposition.



FORT DODGE

HUMAN RIGHTS COMMISSION

819 1st Avenue South * Fort Dodge, IA 50501 * (515) 576-2201

Complaint Form

(AGENCY USE ONLY)

ICRC CP# _____
Local Commission# _____
EEOC# _____

Fort Dodge
Human Rights Commission
819 1st Avenue South
Fort Dodge, Iowa 50501

(PLEASE TYPE OR PRINT LEGIBLY)

SECTION 1 • COMPLAINANT INFORMATION

Your legal name: _____

Your mailing address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email address: _____

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

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 • DISCRIMINATION INFORMATION

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

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Public Accommodation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Credit | <input type="checkbox"/> Retaliation |

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

- | | |
|---|--|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Failure to Train |
| <input type="checkbox"/> Denied Accommodation or Modification | <input type="checkbox"/> Forced to Quit/Retire |
| <input type="checkbox"/> Denied Benefits | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Denied Financial Services/Credit | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Denied Service | <input type="checkbox"/> Reduced Hours |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Reduced Pay |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Failure to Rent | <input type="checkbox"/> Undesirable Assignment/Transfer |
| <input type="checkbox"/> Failure to Recall | <input type="checkbox"/> Unequal Pay |
| <input type="checkbox"/> Other: _____ | |

3. Please indicate the BASIS(ES) or reasons for the discrimination.

- a. Do you believe you were discriminated against because of your race? Yes No
If yes, what is your race? _____
- b. Do you believe you were discriminated against because of your skin color? Yes No
If yes, what is your skin color? _____
- c. Do you believe you were discriminated against because of your national origin? Yes No
If yes, what is your national origin? _____
- d. Do you believe you were discriminated against because of your sex? Yes No
If yes, what is your sex? _____
- e. Do you believe you were discriminated against because of your sexual orientation? Yes No
If yes, what is your sexual orientation? _____
- f. Do you believe you were discriminated against because of your gender identity? Yes No
If yes, what gender do you identify as? _____
- g. Do you believe you were discriminated against because of a real or perceived disability? Yes No
If yes, what is your real or perceived disability? _____
- h. Do you believe you were discriminated against because of your religion or creed? Yes No
If yes, what is your religion or creed? _____
- i. Do you believe you were discriminated against because of your pregnancy or pregnancy-related condition? Yes No
- j. If your complaint involves employment or credit, do you believe you were discriminated against because of your age? Yes No
If yes, do you believe you were discriminated against because you are older or because you are younger? _____
- k. If your complaint involves housing or credit, do you believe you were discriminated against based on your familial status? Yes No
If yes, how many children live with you? _____
- l. If your complaint involves credit, do you believe you were discriminated against based on your marital status? Yes No
If yes, what is your marital status? _____
- m. Do you believe you were retaliated against because you reported discrimination to someone within the organization, filed a complaint with the ICRC, or participated as a witness in an anti-discrimination agency proceeding? Yes No
If yes, what did you report or complain about, and to whom?

State what happened to you as a result of your report or complaint.

4. What was the date (month/day/year) of the MOST RECENT discriminatory incident? (REQUIRED)

5. If Employment is the Area, what is your hire date or application date? _____

6. Are you still employed by the organization that discriminated against you? Yes No

If no, when did your employment end? _____

If no, how did your employment end? Terminated Voluntary Quit Forced to Quit/Retire

-----SECTION 3 • RESPONDENT INFORMATION-----

7. 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: _____ County: _____ State: _____

Zip Code: _____ Telephone Number: _____

8. 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: _____ County: _____ State: _____

Zip Code: _____ Telephone Number: _____

9. Provide the address of the location where the discrimination occurred:

Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Telephone Number: _____

10. 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. – Please note individuals cannot be names as respondents in complaints in the Area of Education.)

Name: _____ Job Title: _____

Work or Home Address: _____

City: _____ State: _____ Zip Code: _____



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Fort Dodge

Authorization Release Form

I hereby authorize anyone possessing medical, education, personnel, income, credit, or any other information necessary for a full and complete investigation, mediation, or conciliation of my complaint to furnish such information to the Fort Dodge Human Rights Commission and any other anti-discrimination agency.

I hereby release anyone so authorized, the Fort Dodge Human Rights Commission, and any other anti-discrimination agency from all liability for any damages whatsoever in furnishing and obtaining such information.

Name: _____

Signature: _____ Date: _____



FORT DODGE
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819 1st Avenue South * Fort Dodge, IA 50501 * (515) 576-2201

Fort Dodge

Contact Information

Note: This information will NOT be given out to anybody.
It is for FDHRC use only.

Your Name: _____

Contact Person

Please provide the name and telephone number of a relative or friend who will always know where you can be reached. Your "Contact Person" should be someone who does not live with you.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (home) _____

(work) _____

(cell) _____

E-mail: _____