

City of Des Moines Human Rights Complaint Intake Form
Please mail, fax or bring this information to the Des Moines Human Rights Commission
For a Complaint of discrimination under Des Moines Municipal Code Chapter 62

This box (AGENCY USE ONLY)		
DOCKET # _____		Des Moines Human Rights Commission
Cross file: ICRC CP # _____		602 Robert D. Ray Drive
Cross file: EEOC # _____		Des Moines, Iowa 50309
Contact us at: Phone: 515-283-4284 Fax: 515-237-1408 or Mail to the Above Address		

INTAKE INFORMATION

(Type or Print)

1. Your legal name _____ Social Security # _____ or
Other type of Government ID: Type _____ ID # _____
2. Address: _____
City: _____
State: _____ Zip code: _____
3. Telephone _____
4. Your date of birth: _____ Sex _____ Race _____
5. National Origin (Country of Birth) _____
6. Below are legal basis for discrimination.

On what basis do you feel you have been discriminated against? Check all that apply. Age ___ Race ___ Religion ___ Creed ___ (code of living) Color ___ Sex ___ Sexual Orientation ___ National Origin ___ Ancestry ___ Disability ___ Familial status ___ (Single Parent with children, Married with children) Retaliation for: filing a complaint; opposed discriminatory practice or participated as a witness in an anti-discrimination proceeding. ___

7. Please check the Area in which the discrimination occurred:

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

8. Please check the ACTION that the Company/Organization took against you

- | | | |
|--|--|--|
| <input type="checkbox"/> Failure to hire | <input type="checkbox"/> Demotion | <input type="checkbox"/> Denied promotion |
| <input type="checkbox"/> Denied benefits | <input type="checkbox"/> Denied service | <input type="checkbox"/> Failure to rent |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Harassment | <input type="checkbox"/> Sexual discrimination |
| <input type="checkbox"/> Treated differently | <input type="checkbox"/> Terms or Conditions of Employment | |
| <input type="checkbox"/> Other (please describe) _____ | | |

9. Name of the Company/Organization that discriminated against you.

Name: _____

Address: _____

Zip Code: _____ - _____

Telephone: _____ - _____ - _____

(FOR OFFICE USE ONLY)

Do not write in this space

Registered Agent: _____

Address: _____

City _____ State: _____ zip code _____

Telephone: _____ Contact person _____

10. What type of business is conducted by the Company/Organization?

11. Parties involved in the incident of discrimination

Name: _____
Title: _____
Address: _____

Name: _____
Title: _____
Address: _____

Name: _____
Title: _____
Address: _____

Name: _____
Title: _____
Address: _____

Name: _____
Title: _____
Address: _____

DATE OF THE MOST RECENT DISCRIMINATORY ACT: ____/____/____

<p>IF THIS IS AN EMPLOYMENT DISCRIMINATION COMPLAINT- DATE OF EMPLOYMENT _____ DATE OF APPLICATION _____ ARE YOU STILL EMPLOYED BY THE COMPANY/ORGANIZATION? _____ WHEN DID YOUR EMPLOYMENT END? _____</p>

ON THIS PAGE PLEASE GIVE A BRIEF SUMMARY OF ALLEGATIONS

Please state why you feel you were treated differently, on what basis (see #7) and what happened to cause you to register this complaint. Attach additional page if necessary.

Complainant's signature

Date

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