

**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 <b>(AGENCY USE ONLY)</b>		
Cross file: DOCKET # _____ Cross file: ICRC CP # _____ Cross file: EEOC # _____	_____ _____ _____	<b>Des Moines Human Rights Commission</b> <b>602 Robert D. Ray Drive</b> <b>Des Moines, Iowa 50309</b> <b>Contact us at:</b> 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.

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

- |                |               |                          |
|----------------|---------------|--------------------------|
| ___ Employment | ___ Housing   | ___ Public Accommodation |
| ___ Credit     | ___ Education | ___ 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?**

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