

WATERLOO COMMISSION ON HUMAN RIGHTS COMPLAINT FORM

(Charge of Discrimination under Code of Ordinance of City of Waterloo, Title 2, Chapter 10; Title 5, Chapter 3 (Ord. 4064, 1-3-1995; amd. Ord. 4145, 1-8-1996))

IMPORTANT: This form is affected by the Privacy Act of 1974.

(AGENCY USE ONLY)		
WHRC No: _____	ICRC No: _____	EEOC No: _____

NOTE: PLEASE TYPE OR PRINT (**In Ink Only**) (**Form must be legible to be accepted.**)

1. What is your legal name? _____

2. What is your street address?
 City: _____ State: _____ Zip Code: _____

3. Telephone Number: _____ - _____

4. What is your date of birth? _____ Sex: _____
 Race: _____ National Origin (ancestry): _____
 SS#: _____ - _____ - _____ (Optional)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Age
<input type="checkbox"/> Race
<input type="checkbox"/> Marital Status
<input type="checkbox"/> National Origin
<input type="checkbox"/> Sexual Orientation/Gender Identity | <input type="checkbox"/> Physical Disability
<input type="checkbox"/> Creed
<input type="checkbox"/> Sex
<input type="checkbox"/> Pregnancy | <input type="checkbox"/> Color
<input type="checkbox"/> Religion
<input type="checkbox"/> Mental Disability
<input type="checkbox"/> Retaliation* |
|---|--|--|

- Because I filed prior complaint or opposed a discriminatory practice

If this complaint is based upon disability, please identify disability and tell how it affects you: _____

If you feel that you were discriminated against on more than one basis (for instance, disability and sex), this office will need to know why you believe that you were treated differently on each basis.

6. Please check the AREA in which the discrimination occurred.

Credit
Employment

Education
Public Accommodation

7. 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: _____ - _____

8. What does that business/company do? _____

9. If the company named in #7 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: _____ - _____

10. Give approximate total number of full & part-time employees at **ALL** Employer locations (**VERY IMPORTANT**): _____

11. Have you filed this complaint with any other Federal, State or Local Anti-Discrimination Agency? Yes _____ No _____

If yes, What agency? _____

Month: _____ Day _____ Year _____

12. If this complaint can be cross-filed with the Iowa Civil Rights Commission and the Equal Employment Opportunity Commission, the Waterloo Commission on Human Rights will do so, unless you indicate in writing, "don't cross file."

13. Identify the person at the company who discriminated against you?

Name: _____

Position/Title: _____

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

Name: _____

Position/Title: _____

15. What is the last date something negative happened to you?

What happened on that date? _____

Please fill in the particulars of your complaint below.

Describe the alleged discrimination and provide the factual basis for your belief that discrimination has occurred. (Please attach additional sheets if more space is needed.)

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 _____
Signature of Complainant

Date _____

Verification without notary authorized by Iowa Code § 622.1; 28 U.S.C. § 1746

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Acknowledgement

I acknowledge by my signature on this document that I understand that the Waterloo Commission on Human Rights does not represent me and will conduct an impartial investigation of my claim of discrimination. I understand that the processing of my complaint is dependent upon my cooperation, including notifying the Commission of any change in address or telephone number. Failure to cooperate or not provide information when requested will result in the closure of the investigation.

I, therefore, give my permission to the Waterloo Commission on Human Rights to collect documentation, witness statements and other materials during their investigation of my complaint.

I agree to these statements and understand what my responsibilities are.

Signature

Date

Contact Information

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.**

Contact Person

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____