

**INTAKE INFORMATION FORM
MARION CIVIL RIGHTS COMMISSION**

1225 6th Avenue ♦ Marion, IA 52302 ♦ (319) 743-6301 ♦ civilrights@cityofmarion.org



IMPORTANT:

- This form is used to obtain information **PRIOR** to the complaint process
- **THIS IS NOT AN OFFICIAL COMPLAINT**
- Any false statements or failure to disclose information may be detrimental to the case and may result in an adverse finding.

NOTE: Red asterisks (*) indicates required fields.

Name(s): (First, Middle, Last) *			
Address: *		E-Mail Address:	
City: *	State: *	Zip Code: *	Gender/Pronouns: *
Phone Number and Area Code: *		What is the best time to call?	
May we leave a voicemail? * Yes ___ No ___	May we text you? * Yes ___ No ___	Date of Most Recent Discriminatory Incident: *	
Date of Birth: *		Preferred Contact Method (Mail, E-Mail, Phone): *	
Name of Person to Contact if You Cannot Be Reached: *		Contact Person's Phone Number with Area Code: *	
Name of Attorney or Representative (If Applicable):		Attorney's Phone Number:	

<i>BASIS(ES) OF DISCRIMINATION: *</i>
<input type="checkbox"/> Age <input type="checkbox"/> Association (with protected class): Please specify association: _____ <input type="checkbox"/> Color: Light skinned ___ Dark skinned ___ <input type="checkbox"/> Creed: Please specify: _____ <input type="checkbox"/> Familial Status: Age(s) of child(ren): _____ <input type="checkbox"/> Gender Identity: Please specify: _____ <input type="checkbox"/> Marital Status: Please specify (Single, Married, Divorce, etc.): _____ <input type="checkbox"/> Mental Disability <input type="checkbox"/> National Origin: (Country of Origin, Ethnicity or Accent): _____ <input type="checkbox"/> Physical Disability <input type="checkbox"/> Race: Please provide race: _____ <input type="checkbox"/> Religion: Please provide religion _____ <input type="checkbox"/> Retaliation (check only if you filed a prior complaint with us or opposed a discriminatory practice) <input type="checkbox"/> Sex/Gender: Please specify sex/gender: _____ <input type="checkbox"/> Sexual Orientation: Please specify sexual orientation: _____

<i>AREA (S) OF DISCRIMINATION *</i>
<input type="checkbox"/> Credit <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Public Accommodations

NAME OF BUSINESS OR SERVICE PROVIDER YOU BELIEVE DISCRIMINATED AGAINST YOU *

This organization will be given a copy of your complaint.

Name of Business or Service Provider:			
Address:	City:	State:	Zip Code:

PLEASE LIST OTHER NAMES OF THE COMPANY (PARENT ORGANIZATION OR CORPORATE OFFICE):

This organization will be given a copy of your complaint.

Name of Business or Service Provider:			
Address:	City:	State:	Zip Code:

NAME OF PERSON(S) WHO DISCRIMINATED AGAINST YOU: *

Name(s):
Position/Title:
If you are claiming <i>harassment</i>, who harassed you?
Name(s):
Position/Title:
If discrimination occurred in area of <i>employment</i> please answer the following questions: *
How many people work for the company (an estimated number is sufficient)?
What was your hire date or application date?
Are you still employed by this organization?
If not, please indicated your last date of employment:
Were you terminated or did you resign?

WITNESSES YOU FEEL CAN PROVIDE EVIDENCE IN YOUR SUPPORT:

(1) Name of Witness:	Phone with area code:
What information will this witness provide?	
(2) Name of Witness:	Phone with area code:
What information will this witness provide?	
(3) Name of Witness:	Phone with area code:
What information will this witness provide?	
(4) Name of Witness:	Phone with area code:
What information will this witness provide?	

**Have you filed this complaint with any other federal, state, or local anti-discrimination agency or group?
(If so, please list the name and date of filing.)**

Complaint Summary: Please fill in the particulars of your complaint, being as specific as possible, and include **who** discriminated, **when** it happened, **where** it happened, and **why** you believe it happened. *

Remember to state why you feel you were discriminated against. Provide names and dates if you have them. The Complaint must be filed with the Commission **within 300 days** of the date of the most recent discriminatory incident. If more space is needed, please attach additional pages.

Please answer these questions as they relate to your complaint: *

1. Why do you think the discrimination was based on your protected class (age, disability, race, religion, sex, etc.)?

2. How were others who are not in your protected class treated more favorably?

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 information is true and correct to the best of my knowledge. *

X _____ Date _____
Signature

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

I LEARNED ABOUT THE CIVIL RIGHTS COMMISSION FROM (BE SPECIFIC):

WHAT ARE YOU SEEKING FOR RELIEF (BE SPECIFIC):

If you have any documents or correspondence that you believe might be helpful in this investigation, please provide copies to our office. You may do so at civilrights@cityofmarion.org or at Marion City Hall, 1225 6th Avenue.