

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.)

If you need any assistance or accommodations in completing the form, please contact the Commission office for an appointment.

All employment complaints are directly filed with the Equal Employment Opportunity Commission (EEOC) and placed on file with the Iowa Civil Rights Commission (ICRC).

All complaints filed under credit, public accommodation and education will be placed on file with ICRC.

All investigations will be conducted by the Waterloo Human Rights Commission (WHRC).

It is not necessary to provide any documentation at this time. Any documentation provided with your complaint form will be sent to ALL parties along with the complaint form. You will have an opportunity to provide additional documentation at a later date.

SECTION 1: COMPLAINANT INFORMATION

This information is your contact information. This is where you prefer to receive mail or telephone calls from the Commission.

What is your legal name? _____

Filing on behalf of (if legal guardian): _____

What is your street address? _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-mail address: _____

The following information is for tracking purposes. However, will be used to identify your protected class. If you are filing as a legal guardian this would be the information of the person for whom you are filing. It is not necessary to include city and state of birth.

Date of Birth: _____ Gender: _____

Race: _____ National Origin (Ancestry) _____

SECTION 2: RESPONDENT INFORMATION

This is the company or organization you believe is responsible for discrimination. The company must be located within the City of Waterloo in order for WHRC to investigate the complaint. Non-jurisdictional complaints will be referred to the Equal Employment Opportunity Commission or Iowa Civil Rights Commission.

LOCAL COMPANY

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Give approximate number of full & part-time employees at ALL locations:

4 - 14 15 - 19 20 - 100 101 - 200 201 - 500 500+

What type of business is the company or organization?

- | | | |
|--|--|---|
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Labor Union | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Non-Profit/Human Services | <input type="checkbox"/> Private Corporation | <input type="checkbox"/> Retail |

If the company or organization is owned by another company (or has a corporate office), complete the following:

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

SECTION 3: AREA OF DISCRIMINATION

WHRC ordinance protects individuals from discrimination in the following areas:

MARK ONLY ONE

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

SECTION 4: ADVERSE ACTION

In order to have a complaint of discrimination you must have suffered an adverse action **BECAUSE** you are a member of a protected class. For each adverse act complete the following information (if you need additional space, attach a separate sheet or contact the Commission for an interview to clarify whether the issues may be combined.) Please see attached appendix for definitions of each adverse action.

ADVERSE ACT #1 – MARK ONLY ONE

Constructive Discharge: <input type="checkbox"/> Forced to Quit <input type="checkbox"/> Forced to Retire Harassment: <input type="checkbox"/> Hostile Environment <input type="checkbox"/> Intimidation <input type="checkbox"/> Sexual Failure to Hire: <input type="checkbox"/> Medical Exam/Inquiry <input type="checkbox"/> Advertising <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Qualifications <input type="checkbox"/> Reinstatement Unequal Treatment: <input type="checkbox"/> Terms & Conditions <input type="checkbox"/> Benefits <input type="checkbox"/> Training <input type="checkbox"/> Exclusion <input type="checkbox"/> Segregated facilities <input type="checkbox"/> Classification Failure to Accommodate: <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Maternity/Paternity	Wrongful Discharge: <input type="checkbox"/> Terminated Demotion: <input type="checkbox"/> Change of duties <input type="checkbox"/> Assignments Failure to Promote: <input type="checkbox"/> Advancement <input type="checkbox"/> Qualifications <input type="checkbox"/> Referral Layoff: <input type="checkbox"/> Recall <input type="checkbox"/> Waiver <input type="checkbox"/> Early Retirement Incentive Equal Pay: <input type="checkbox"/> Wages <input type="checkbox"/> Severance Unequal Discipline: <input type="checkbox"/> Suspension <input type="checkbox"/> Discharge <input type="checkbox"/> Terms & Conditions
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In order to have a complaint of discrimination the above adverse action **MUST** have occurred due to one or more of the following protected classes.

PROTECTED CLASS #1 – MARK ALL THAT APPLY for the above adverse action

<input type="checkbox"/> Race What is your race? _____ <input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pregnancy <input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental What is your disability? _____ <input type="checkbox"/> Age <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40	<input type="checkbox"/> Religion/Creed What is your belief? _____ <input type="checkbox"/> National Origin What is your ethnicity? _____ <input type="checkbox"/> Color (skin tone) <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Retaliation Retaliation occurs when the adverse action is a result of reporting or participating in an investigation of a discriminatory act.
Sexual Orientation/Gender Identity: Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/>	

On what date did the adverse action occur? _____

Please provide a brief summary of the events surrounding the above adverse action and why you believe it occurred due to the above protected class(es).

Who made the adverse action towards you? _____ Job Title : _____
 Home or Work Address: _____

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 _____ Date _____
 Signature of Complainant (Required)

ADVERSE ACT #2 – MARK ONLY ONE

Constructive Discharge: <input type="checkbox"/> Forced to Quit <input type="checkbox"/> Forced to Retire	Wrongful Discharge: <input type="checkbox"/> Terminated
Harassment: <input type="checkbox"/> Hostile Environment <input type="checkbox"/> Intimidation <input type="checkbox"/> Sexual	Demotion: <input type="checkbox"/> Change of duties <input type="checkbox"/> Assignments
Failure to Hire: <input type="checkbox"/> Medical Exam/Inquiry <input type="checkbox"/> Advertising <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Qualifications <input type="checkbox"/> Reinstatement	Failure to Promote: <input type="checkbox"/> Advancement <input type="checkbox"/> Qualifications <input type="checkbox"/> Referral
Unequal Treatment: <input type="checkbox"/> Terms & Conditions <input type="checkbox"/> Benefits <input type="checkbox"/> Training <input type="checkbox"/> Exclusion <input type="checkbox"/> Segregated facilities <input type="checkbox"/> Classification	Layoff: <input type="checkbox"/> Recall <input type="checkbox"/> Waiver <input type="checkbox"/> Early Retirement Incentive
Failure to Accommodate: <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Maternity/Paternity	Equal Pay: <input type="checkbox"/> Wages <input type="checkbox"/> Severance
	Unequal Discipline: <input type="checkbox"/> Suspension <input type="checkbox"/> Discharge <input type="checkbox"/> Terms & Conditions

In order to have a complaint of discrimination the above adverse action **MUST** have occurred due to one or more of the following protected classes.

PROTECTED CLASS #2 – MARK ALL THAT APPLY for the above adverse action

<input type="checkbox"/> Race What is your race? _____	<input type="checkbox"/> Religion/Creed What is your belief? _____
<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pregnancy	<input type="checkbox"/> National Origin What is your ethnicity? _____
<input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Color (skin tone) <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark
What is your disability? <input type="checkbox"/> Age <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40	<input type="checkbox"/> Retaliation Retaliation occurs when the adverse action is a result of reporting or participating in an investigation of a discriminatory act.
Sexual Orientation/Gender Identity: Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/>	

On what date did the adverse action occur? _____

Please provide a brief summary of the events surrounding the above adverse action and why you believe it occurred due to the above protected class(es).

Who made the adverse action towards you? _____	Job Title : _____
Home or Work Address: _____	

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 (Required)

Date _____

ADVERSE ACT #3 – MARK ONLY ONE

Constructive Discharge: <input type="checkbox"/> Forced to Quit <input type="checkbox"/> Forced to Retire	Wrongful Discharge: <input type="checkbox"/> Terminated
Harassment: <input type="checkbox"/> Hostile Environment <input type="checkbox"/> Intimidation <input type="checkbox"/> Sexual	Demotion: <input type="checkbox"/> Change of duties <input type="checkbox"/> Assignments
Failure to Hire: <input type="checkbox"/> Medical Exam/Inquiry <input type="checkbox"/> Advertising <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Qualifications <input type="checkbox"/> Reinstatement	Failure to Promote: <input type="checkbox"/> Advancement <input type="checkbox"/> Qualifications <input type="checkbox"/> Referral
Unequal Treatment: <input type="checkbox"/> Terms & Conditions <input type="checkbox"/> Benefits <input type="checkbox"/> Training <input type="checkbox"/> Exclusion <input type="checkbox"/> Segregated facilities <input type="checkbox"/> Classification	Layoff: <input type="checkbox"/> Recall <input type="checkbox"/> Waiver <input type="checkbox"/> Early Retirement Incentive
Failure to Accommodate: <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Maternity/Paternity	Equal Pay: <input type="checkbox"/> Wages <input type="checkbox"/> Severance
	Unequal Discipline: <input type="checkbox"/> Suspension <input type="checkbox"/> Discharge <input type="checkbox"/> Terms & Conditions

In order to have a complaint of discrimination the above adverse action **MUST** have occurred due to one or more of the following protected classes.

PROTECTED CLASS #3 – MARK ALL THAT APPLY for the above adverse action

<input type="checkbox"/> Race What is your race? _____	<input type="checkbox"/> Religion/Creed What is your belief? _____
<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pregnancy	<input type="checkbox"/> National Origin What is your ethnicity? _____
<input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Color (skin tone) <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark
What is your disability? <input type="checkbox"/> Age <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40	<input type="checkbox"/> Retaliation Retaliation occurs when the adverse action is a result of reporting or participating in an investigation of a discriminatory act.
Sexual Orientation/Gender Identity: Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/>	

On what date did the adverse action occur? _____

Please provide a brief summary of the events surrounding the above adverse action and why you believe it occurred due to the above protected class(es).

Who made the adverse action towards you? _____ Job Title : _____
 Home or Work Address: _____

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 (Required)

Date _____

ADVERSE ACT #4 – MARK ONLY ONE

Constructive Discharge: <input type="checkbox"/> Forced to Quit <input type="checkbox"/> Forced to Retire	Wrongful Discharge: <input type="checkbox"/> Terminated
Harassment: <input type="checkbox"/> Hostile Environment <input type="checkbox"/> Intimidation <input type="checkbox"/> Sexual	Demotion: <input type="checkbox"/> Change of duties <input type="checkbox"/> Assignments
Failure to Hire: <input type="checkbox"/> Medical Exam/Inquiry <input type="checkbox"/> Advertising <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Qualifications <input type="checkbox"/> Reinstatement	Failure to Promote: <input type="checkbox"/> Advancement <input type="checkbox"/> Qualifications <input type="checkbox"/> Referral
Unequal Treatment: <input type="checkbox"/> Terms & Conditions <input type="checkbox"/> Benefits <input type="checkbox"/> Training <input type="checkbox"/> Exclusion <input type="checkbox"/> Segregated facilities <input type="checkbox"/> Classification	Layoff: <input type="checkbox"/> Recall <input type="checkbox"/> Waiver <input type="checkbox"/> Early Retirement Incentive
Failure to Accommodate: <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Maternity/Paternity	Equal Pay: <input type="checkbox"/> Wages <input type="checkbox"/> Severance
	Unequal Discipline: <input type="checkbox"/> Suspension <input type="checkbox"/> Discharge <input type="checkbox"/> Terms & Conditions

In order to have a complaint of discrimination the above adverse action **MUST** have occurred due to one or more of the following protected classes.

PROTECTED CLASS #4 – MARK ALL THAT APPLY for the above adverse action

<input type="checkbox"/> Race What is your race? _____	<input type="checkbox"/> Religion/Creed What is your belief? _____
<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pregnancy	<input type="checkbox"/> National Origin What is your ethnicity? _____
<input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Color (skin tone) <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark
What is your disability? <input type="checkbox"/> Age <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40	<input type="checkbox"/> Retaliation Retaliation occurs when the adverse action is a result of reporting or participating in an investigation of a discriminatory act.
Sexual Orientation/Gender Identity: Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/>	

On what date did the adverse action occur? _____

Please provide a brief summary of the events surrounding the above adverse action and why you believe it occurred due to the above protected class(es).

Who made the adverse action towards you? _____ Job Title : _____
 Home or Work Address: _____

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 (Required)

Date _____

Acknowledgement

I acknowledge by my signature on this document the following:

- I understand the Waterloo Commission on Human Rights does not represent me and will conduct an impartial investigation of my claim of discrimination.
- I understand 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 the investigation of my complaint.

I agree to these statements and understand my responsibilities.

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: _____

Please return this completed form to:

Waterloo Commission on Human Rights
620 Mulberry Street
Waterloo, Iowa 50703
Phone: (319) 291-4441
Fax: (319) 291-4295
Website: www.ci.waterloo.ia.us/residents/human_rights

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DEFINITIONS

Adverse Actions are the negative acts or behavior you received and believe to be discriminatory. NOTE: to be illegal, the actions must have been taken because of membership in a protected class

- **Constructive Discharge** – forced to quit or resign because of discriminatory restrictions, constraints, or intolerable working conditions.
- **Wrongful Discharge** – Involuntary termination of employment.
- **Harassment** - Harassment can be verbal, written or demonstrative.
 - Hostile environment – antagonism directed at one due to a protected class
 - Intimidation – bothering, tormenting, troubling, ridiculing or coercing a person due to a protected class.
 - Sexual – Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature.
- **Demotion** – Involuntary downgrading to a lower paid or less desirable job with reduced benefits or lesser opportunities for advancement.
 - Assignment – Designation of an employee for less desirable duty, shift or work location.
- **Failure to Hire** – Refusal by an employer to engage a person as an employee.
 - Prohibited Medical Inquiry/Exam – Employer unlawfully requires an individual to take a medical exam or respond to prohibited medical inquiries.
 - Advertising – Expression of a preference or restrictions to a protected class when soliciting for employment.
 - Apprenticeship – refusal to admit a person into a program or job which will serve as a learning experience.
 - Qualifications – The factors or criteria used in determining a person’s fitness for employment.
 - Reinstatement – Refusal of an employer to reinstate a person as an employee.
- **Failure to Promote** – Refusal to advance to a higher level of work usually involving higher pay, potential for higher pay or more prestigious work environment.
 - Qualifications – The factors or criteria used in determining a person’s fitness for referral, promotion or assignment to a job.
 - Referral – Refusal of an employer to refer a qualified individual for hire, training or apprenticeship.
- **Layoff** – Temporary involuntary separation from employment due to lack of work.
 - Recall – refusal to call back to regular employment of those who have been in a layoff status or the system used to determine order of persons called back from layoff status.
 - Waiver – Provisions of benefits contingent upon an employee’s agreement to waive the right to seek redress.
 - Early Retirement Incentive – Employer offered early retirement to induce older workers to leave the workforce.
- **Equal Pay** – Inequities in monetary compensation paid for work performed in employment categories which are comparable in worth.
 - Wages – Inequities in monetary compensation paid for work performed. Wage includes the hourly, weekly or monthly salary and tips, gratuities, commission on sales, amounts paid for completion of specific work, incentive rates or bonuses.
 - Severance – Denial of severance pay upon leaving employment.
- **Unequal Discipline** – Assessment of disciplinary action by an employer against an employee.
 - Suspension – Suspension of employment status due to protected class.
 - Terms and Conditions – inequitable applications of rule relating to general working conditions, job environment or employment privileges which cannot be reduced to monetary value.
 - Discharge – Involuntary termination of employment due to protected class.

- **Unequal Treatment** – Inequities based on protected class.
 - Terms & Conditions – inequitable applications of rule relating to general working conditions, job environment or employment privileges which cannot be reduced to monetary value.
 - Benefits – Inequities based on protected class in providing non-wage compensation items but can be reduced to monetary value. For example, free or reduced parking fee, gifts or bonuses, employee discount, etc.
 - Training – Refusal to admit a person into a training program.
 - Exclusion – Refusal of labor organization to admit individuals to membership.
 - Segregated Facilities/locations – Maintaining separate facilities or activities based on protected class. Maintaining separate labor organizations or subdivisions based on protected class.
 - Job Classification – Restricts members of a protected class to a certain type of job or class of jobs.
- **Failure to Accommodate** – Failing to provide reasonable accommodations.
 - Disability Accommodation – Failing to provide reasonable accommodation to a known physical or mental impairment.
 - Religious Accommodation – Failing to provide reasonable accommodation for religious purposes.
 - Maternity – Treating a women differently from others who are similar in ability or inability to work based upon pregnancy, childbirth or related medical conditions.