

City of Decorah

Human Rights Commission  
**COMPLAINT FORM**

FILE IN THE OFFICE OF THE CITY CLERK  
CLERK FOR THE COMMISSION  
CITY HALL  
DECORAH, IOWA

- E-mail or fax copies are not accepted - *SIGNED ORIGINALS ONLY*
- Please type the form or print in dark ink only

1. Please provide:

a. Your name: \_\_\_\_\_

b. Your home address:

\_\_\_\_\_

Street

City

c. Telephone # where you can be reached: \_\_\_\_\_

d. Date of Birth: \_\_\_\_\_

e. Sex (If complaint is based upon sex discrimination): \_\_\_\_ M \_\_\_\_ F

f. Race (If complaint is based upon race discrimination): \_\_\_\_\_

g. Name/Address of the attorney representing you, if any, on this matter:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

This form is used for all complaints. It may have spaces for information which is not needed for your complaint. ***If the information requested is not relevant, you may leave it blank.*** For purposes of this form, the person(s) or business(es) you are alleging have discriminated will be called "Respondent(s)"

2. Please provide:

a. The name of the specific person(s) you are filing a complaint against (If you are filing against a person): \_\_\_\_\_

b. The name of the business(es) you are filing a complaint against (If you are filing against a business(es)): \_\_\_\_\_

c. Respondent's address: \_\_\_\_\_

d. Respondent's phone number: \_\_\_\_\_

e. Number of Respondent's employees, if known (or an estimate if you do not know the exact number): \_\_\_\_\_

3. Have you filed a complaint with any other agency regarding the facts alleged in this complaint form?  Yes  No

If yes, provide the name of the agency, the date of filing, and disposition, if any.

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Name of Agency	Date of Filing	Disposition
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4. Is there currently any civil lawsuit, criminal action, or criminal investigation pending concerning your claim of discrimination?  Yes  No

If yes, provide the name of the Court in which the action is pending, the case number, or the name of the agency currently conducting any criminal investigation.

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Name of Court	Case #	Agency Conducting Investigation
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5. Your claim of discrimination must fall within certain categories. Please check all that apply. **You must explain why the category applies** in your explanation of what happened on the following page.

- Age
- Color
- Race
- Ethnicity
- National Origin (Country of Birth) or Ancestry
- Creed or Religious Belief
- Disability
- Sex (or Gender)
- Sexual Orientation
- Organizational Affiliation
- Marital Status or Familial Status
- Public Assistance or Source of Income

6. Your claim of discrimination must fall within certain areas of service for the Commission to have jurisdiction. Please check the category or categories in which the discrimination is alleged to have occurred:

- Accommodations or Service
- Housing
- Employment
- Education
- Credit

7. What is the last day that something discriminatory happened to you?

\_\_\_\_\_

8. Please explain the facts and circumstances that show the discrimination. Be specific regarding the name of the person or business which discriminated, the place and time of the incident, and the facts leading up to and immediately following the incident. If the space provided is not enough, you may attach additional sheets:

\_\_\_\_\_  
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9. The Human Rights Commission strongly urges mediation to resolve the disputes. If the parties cannot reach agreement, your complaint will be investigated. However, mediation may result in a quicker solution closer to the parties' desired outcome. Will you be willing to participate in mediation? (Please check one)

Yes       No

*\*\*Continue to following pages for complainant certification and authorization release\*\**

**In response to this complaint, the respondent may wish to provide information, such as an employee's personnel file, which would otherwise contain confidential information. By signing the complaint, you are giving permission for the investigator to receive any relevant information about you from the respondent which otherwise might be confidential, and you are giving permission for the respondent to release that information to the investigator.**

I certify under penalty of perjury that this complaint is true and accurate.

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Date

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[To be Filled Out by the City Attorney]

1. Date received: \_\_\_\_\_
2. Complaint Number: \_\_\_\_\_
3. Verification of Probable Jurisdiction \_\_\_\_\_
4. Initial Respondent Form Sent \_\_\_\_\_
5. Cross-filed with the State HRC \_\_\_\_\_
6. Date transferred for Intake: \_\_\_\_\_

\_\_\_\_\_  
City Attorney

**DECORAH CIVIL RIGHTS COMMISSION**

**Authorization Release Form**

City of Decorah Civil Rights Commission  
City Hall  
400 Claiborne Dr.  
Decorah, IA 52101

Phone: (563) 382-3651  
Fax: (563) 382-6525

I hereby authorize anyone possessing medical, education, personnel, income, credit, or any other information necessary for a complete investigation, mediation, or conciliation of my complaint to furnish such information to the Decorah Civil Rights Commission and any other anti-discrimination agency.

I hereby release anyone so authorized, the Decorah Civil Rights Commission, and any other anti-discrimination agency from all liability for any damages whatsoever in furnishing and obtaining such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date