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**Discrimination Complaint Form**

The purpose of this form is to assist you in filing a discrimination complaint with the Crime Victim Assistance Division in connection with one of its programs or services.

1. Name:

Address:

City, State and Zip Code:

Email Address:

Home Telephone: Work Telephone: Other:

1. Person(s) discriminated against, if different from above:

Name:

Address:

City, State and Zip Code:

Email Address:

Home Telephone: Work Telephone: Other:

Please explain your relationship to this person(s):

1. Agency and department or program that discriminated:

Name:

Address:

City, State and Zip Code:

Home Telephone: Work Telephone: Other:

1. A. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

Race/Ethnicity:

National Origin:

Sex:

Gender Identity:

Sexual Orientation:

Religion:

Age:

Disability:

B. Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

Race/Ethnicity:

National Origin:

Sex:

Gender Identity:

Sexual Orientation:

Religion:

Age:

Disability:

1. What is the most convenient time and place for us to contact you about this complaint?
2. If we are unable to reach you directly, you may provide to us the name and phone number of a person who can provide information about your complaint:

Name:

Home Telephone: Work Telephone: Other:

1. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name:

Address:

City, State and Zip Code:

Telephone Number:

1. To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination:

Most recent date of discrimination:

1. Complaints of discrimination must generally be filed within 180 days or one year from the date of the alleged discrimination, depending on the terms of the statute. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.
2. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)
3. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name Address Area Code/Telephone

1. Do you have any other information that you think is relevant to our investigation of your allegations?
2. What remedy are you seeking for the alleged discrimination?
3. Have you (or the person discriminated against) filed the same or any other complaints with other Iowa State Government or Federal Department of Justice offices?

Yes No

If so, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Name:

Address:

City, State and Zip Code:

Telephone Number:

Date of Filing:

Agency filed with:

Briefly, what was the complaint about?

1. What was the result?
2. Have you filed or do you intend to file a charge or complaint concerning the matters raised in the complaint with any of the following?

U.S. Equal Employment Opportunity Commission

U.S. Department of Justice Office for Civil Rights

Federal or State Court

Iowa Civil Rights Commission

1. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency:

Date filed:

Case or Docket Number:

Date of Trial/Hearing:

Location of Agency/Court:

Name of Investigator:

Status of Case:

Comments:

1. We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(Signature) (Date)

Please feel free to add additional sheets to explain the present situation to us.

1. Submission Information: Complainants may submit their completed complaint form to CVAD via U.S. mail as shown below.

Mail:

Office of the Attorney General of Iowa  
 Crime Victim Assistance Division  
 Lucas State Office Building  
 321 East 12th Street  
 Des Moines, IA 50319

**\*\*Please note**: CVAD’s final report produced at the completion of the complaint process will become public record. However, any personally identifying information for the victim/survivor would be withheld and/or redacted per federal and state confidentiality requirements.