

## BRIEF OUTLINE OF THE COMPLAINT PROCESS

Council Bluffs Civil Rights Commission 209 Pearl Street Council Bluffs, IA 51503  
712-328-4618 / (FAX): 712-322-9255  
Web: <http://www.councilbluffs-ia.gov>

1. When a signed/verified complaint is received, it is reviewed to determine whether it meets the statutory requirements of Chapter 1.40 of the Council Bluffs Municipal Code. A complaint must be filed with the Commission within 180 days of the last alleged discriminatory incident.

If the complaint meets the statutory requirements, it is given a case number (CBCRC#) and a copy of the complaint is mailed to the Complainant. Another copy is mailed to the Respondent, the person or organization charged in the complaint with a violation of Chapter 1.40 of the Council Bluffs Municipal Code.

**All inquiries about the complaint should be by complaint number (CBCRC#).**

2. The Complainant and Respondent are required to answer a questionnaire or submit a position statement, along with relevant documents, within **thirty (30) days**. The Complainant or Respondent may request an **extension** by calling the Council Bluffs Civil Rights Commission at (712) 328-4618.
3. When the Commission receives all parties' responses to the questionnaires, the collected information is reviewed by an investigator to determine whether further agency inquiry is warranted. (The complaint will be **screened in** when the collected information indicates a reasonable possibility of a probable cause determination.)

**It is very important to answer the questionnaire thoroughly.**

- a. If further investigation is not warranted, the complaint is administratively closed. The complainant has appeal rights which will be explained in the closure letter.
  - b. If further investigation is warranted, the parties will be given an opportunity to participate in "mediation." Mediation allows the parties to negotiate a "no-fault settlement" of the complaint. **Mediation is available at any time after a complaint is filed, if both parties agree to participate.**
4. Once the complaint has been on file for 60 days, the Complainant has the option of removing the complaint from the Council Bluffs Civil Rights Commission and its investigatory process, to commence a lawsuit in state district court. Before filing a lawsuit, the Complainant must request a "right-to-sue" letter from the Commission. When the Commission issues the "right-to-sue" letter, the Commission administratively closes the complaint and will take no further action on the complaint. **It is advisable to consult with an attorney before asking for a right-to-sue letter. The law requires that the lawsuit be filed within 90 days of the date the Commission issues the right-to-sue letter.**

5. During the investigation, a Commission investigator may interview both parties and witnesses, and collect additional records. The investigator will analyze all of the collected information and recommend to the Director whether probable cause or no probable cause exists to believe that discrimination occurred.

**From the time the Commission receives the complaint to the time the investigation is completed and a finding by the Director has been made, the Commission is a neutral fact-finder and represents neither party.**

- a. If the Director determines that No Probable Cause exists, the complaint is closed. If the Director finds No Probable Cause, the Complainant loses the right to get a “right-to-sue” letter and loses the right to file a lawsuit in state district court. (In complaints alleging housing discrimination, the Complainant has the right to file a lawsuit within two (2) years of the alleged discriminatory incident, not counting the time the case was on file with the Commission.)
  - b. If the Director finds Probable Cause, the complaint may go to conciliation to assist the parties in trying to reach a settlement.
6. If conciliation fails, the complaint will be reviewed to determine whether it should proceed to public hearing. If the complaint is selected for public hearing, an Administrative Law Judge will hear the case in accordance with the “Iowa Administrative Procedure Act.” If not selected for public hearing, the complaint will be administratively closed and the Complainant may request a “**right-to-sue**” letter.

**Approximate Complaint Processing Timeline:**

From the date the Commission receives a signed complaint, all parties will be served with a copy of the complaint and a questionnaire within 20 days.

All parties should respond to the questionnaires within 30 days from the date on the notification letter, unless an extension has been granted. The Commission screens the complaint (reviews the contents of the file), usually within 120 days from the date the complaint is filed.

If the complaint is screened out, the case is administratively closed. If the complaint is screened in, it goes on to mediation. Mediation typically takes 30 to 90 days. If mediation is unsuccessful, the complaint will be assigned to an investigator.

Depending on the complexity of the facts and legal issues presented in the complaint and the cooperation of the parties and witnesses, the investigation may take several months or more to complete. In most cases the Commission will complete the investigation within 18 months from the date the complaint is filed.

# INSTRUCTIONS

**Council Bluffs Civil Rights Commission 209 Pearl Street Council Bluffs, IA 51503**  
**712-328-4618 (FAX): 712-322-9255**  
Web: <http://www.councilbluffs-ia.gov>

THIS IS FOR INSTRUCTIONAL PURPOSES ONLY. THIS IS **NOT** THE COMPLAINT FORM.

Besides filing a complaint with the **Council Bluffs Civil Rights Commission**, you may have other **legal options**. You may want to consult an **attorney**. If you need help in finding an attorney, contact the **Iowa State Bar Association** at 515-243-3179 or 1-800-532-1108.

- Q. #1 First Name, Middle Initial, and Last Name  
(*example:* Mary J. Doe)
- Q. #2 Mailing Address
- Q. #3 Telephone Number
- Q. #4 National Origin is your birth country/ancestry. (It is not necessary to give us city and state where born.)
- Q. #5 **Basis** is the personal characteristic which accounted for the alleged discrimination.
- Q. #6 **Area** describes the relationship between you and the organization you are filing against.  
*For example:*
- in **Employment**, you had or sought an employment relationship with the organization (such as private or public employer, temp agency, etc.);
  - in **Public Accommodation**, you had or sought services from the organization (such as grocery store, gas station, police, etc.);
  - in **Credit**, you had or sought financial services from the organization (such as bank, mortgage lending institution, etc.);
  - in **Education**, you had or sought educational services from the organization (such as elementary/secondary school, college, etc.);
  - in **Housing**, you had or sought housing services from the organization (such as landlord, realtor, resident manager, etc.); or
  - in **Retaliation**, you suffered adverse action or harm because you complained about discrimination.

- Q. #7            **Action** is the alleged discriminatory incident. (*For example:* in Employment, an incident could be undesirable work assignment or termination. In Housing, an incident could be denial of a rental unit or eviction.)
- Q. #8            Full legal name and address of the organization responsible for the alleged discriminatory incident. (*For example:* Hamburger Heaven, Inc.) [**This Organization will be charged with discrimination and will be given a copy of your complaint.**]
- Q. #9            Full legal name, address, and telephone number of the "parent" organization or the corporate office. [**This Organization will be charged with discrimination and will be given a copy of your complaint.**]
- Q. #10           Provide the city, county and state where the discrimination occurred.
- Q. #11           What does the organization make? Or what service does the organization provide?
- Q. #12           **Estimate** the total number of employees at ALL LOCATIONS. (**Very Important**)
- Q. #13           Did you file a complaint alleging discrimination with another anti-discrimination agency regarding this same set of facts before you contacted the Council Bluffs Civil Rights Commission? If so, what agency and when?
- Q. #14           Legal name and job position of person(s) who harassed you. (*For example:* Susan K. Smith, Supervisor) Use this person's name in the narrative (Q. #17) and briefly describe the harassment. [**This person will be charged with discrimination and will be given a copy of your complaint.**]
- Q. #15           The **most recent date** something negative happened to you triggers the filing limitations period. Complaints must be filed (received at the Council Bluffs Civil Rights office) within 180 days of the most recent discriminatory incident.
- Q. #16           In Employment, provide your start date or application date. If you are still employed, check "yes." If you are no longer employed, check "no" and provide the date your employment ended.
- Q. #17           **"Brief Summary of your complaint"** [See page 4 of complaint form.]

**In your summary, be sure to provide the following information:**

1. What happened?
2. When did it happen?
3. Who made the decision for the organization?
4. What makes you think the decision or action was discriminatory?
5. Why do you believe that your basis (race, age, sex, etc.) was a factor in the organization's decision?

***Employment Examples:***

A. I was terminated by Mark B. Jones, my supervisor, on November 15, 2005. I believe I was fired because of my age. I am 67 years old. Younger co-workers who had less experience and inferior work records were retained.

B. Since my date of hire, June 12, 2001, I have been harassed by Jim Smith, a supervisor, because of my race. He calls me names and criticizes my work constantly. He treats me very differently from my white co-workers. I am African American. I believe he is treating me differently because of my race.

C. On December 25, 2005, I applied for a sales position at the organization's downtown location. I was qualified for the position. I am Latino. I had 10 years of experience. A non-Latino with no experience was selected over me. The organization has approximately 35 sales persons. Only 1 is Latino. I believe my national origin was a factor in the organization's decision not to hire me.

D. On February 28, 2004, I learned that I was being paid less than my male co-workers. I started working at the organization on June 1, 2002. I make \$7.00 per hour. My male co-workers make \$7.50 per hour. We all do the same job. We have the same duties. I am female. I believe that I am being paid less because of my sex.

E. I injured my back on the job. I was off work for four weeks. My doctor released me to return to work with a 30 pound lifting restriction. The Organization refused to allow me to return to work unless I was 100% with no restrictions. On December 24, 2005, the Organization refused to accommodate my disability restriction with light duty even though there were jobs I could perform.

F. I am pregnant. On September 29, 2006, I gave my boss a letter from my doctor that stated I could not lift more than 20 lbs. because of my pregnancy. My boss said the company would not accommodate my restriction. My boss said the company does not accommodate restrictions or limitations caused by non-work related temporary health conditions. I believe the company could have accommodated my restriction without causing an undue hardship.

G. I am female. Since I started working for my current employer, my supervisor has made comments about my looks, has touched me inappropriately and has indicated that my career could really go places with the company if I would have an affair with him. I complained to the owner of the company to no avail. I believe I am being sexually harassed because I am female.

***Public Accommodation Examples:***

A. On November 15, 2006, I went to the department store to return a shirt I had purchased. I handed the receipt to the clerk, who responded they do not do returns. However, the person in front of me returned merchandise without any receipt. That person was white. I am African American. I believe I was discriminated against because of my race.

B. On May 18, 2006, I pulled into a store's parking lot. I parked behind another car. Police drove by and asked the driver of the car in front of me to move. The police then approached my car and gave me a ticket for parking in a no parking zone. I'm Latino, and I believe my national origin was a factor in being ticketed.

***Housing Examples:***

A. I applied to rent a house on May 15, 2006. I have two children under the age of 18. The owner took my application and said he would get back to me. He never called me so I called him back. He said the house was rented so I had a friend call the owner. The owner asked my friend if she has any children. She replied, "No." The owner told my friend that the house was still available. I believe that I was refused rental because of my familial status (presence of children).

B. I am disabled. My doctor stated it would be therapeutic and beneficial if I kept a companionship pet such as a cat. On June 26, 2006, I presented a note from my doctor to the apartment manager and asked that their "no pets" rule be waived as a reasonable accommodation for my disability. The manager refused, and stated that they do not allow pets of any kind. I believe I was discriminated against due to my disability.

C. I am African American. I moved into this rental property in August 2006. I received an eviction notice from the management on January 23, 2007 stating that my tenancy was being terminated for violating the rules. I have seen white tenants violate the rules but their tenancy is not terminated. I believe the management is attempting to terminate my tenancy due to my race.

D. I am African American. In early-July 2006, I applied for a loan at the bank to buy a house. The loan officer reviewed my application and credit report, and then told me I did not qualify for their lowest interest rate. The loan officer told me I qualified for a loan, but at a higher rate. After I signed the loan paperwork, on August 1, 2006, I learned of another person, not African American, whose financial situation is no better than mine, who qualified for the lower rate. I believe the loan officer and the bank refused to give me the lower rate because of my race.

***Education Examples:***

A. I am the parent of a twelve-year-old boy. Other boys in his class at school have been harassing him by calling him names and they push him down. On September 10, 2006, I reported the other boys' conduct to my son's teacher and the school principal. I expected them to stop the harassment. They did not. The harassment has continued. I know of other parents who have made complaints that the school acted on promptly. I believe the school failed to act on my complaint because my son and I are Muslim.

B. I have a disability which hinders the speed at which I read and comprehend information. Prior to taking the first exam for one of my college courses, I requested a reasonable accommodation of additional time to take the exam. My request was denied. I subsequently failed the exam. I believe I was discriminated against due to my disability.

***Credit Example:***

My bank advertised personal loans at 4.5% interest. A co-worker and myself both applied for \$5,000 loans. I am Latino, and my co-worker is white. We both earn about the same amount. We both have been with the company the same amount of time. My credit is good. My co-worker filed for bankruptcy six years ago. We both were approved for a loan, but my co-worker got his loan at 4.5% and I got my loan at 6%. I believe I was discriminated against due to my national origin.

# COUNCIL BLUFFS CIVIL RIGHTS COMMISSION COMPLAINT FORM

Complaint of Discrimination under Council Bluffs Municipal Code Chapter 1.40 and  
Iowa Code Chapter 216, "Iowa Civil Rights Act of 1965"

*NOTE: A copy of this complaint will be sent to the Organization or person you are filing against.*

(AGENCY USE ONLY)	
Local Commission# _____	<b>Council Bluffs Civil Rights Comm.</b>
ICRC CP# _____	<b>209 Pearl Street</b>
EEOC# _____	<b>Council Bluffs, IA 51503</b>
<b>712-328-4618/ Fax: 712-322-9255/ <a href="http://www.legal@councilbluffs-ia.gov">http://www.legal@councilbluffs-ia.gov</a></b>	

(TYPE OR PRINT)

1. What is your legal name? \_\_\_\_\_

2. What is your mailing address? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Telephone #: \_\_\_\_\_

4. Your date of birth? \_\_\_\_\_ Your sex? \_\_\_\_\_

Your Race? \_\_\_\_\_ Your National Origin? \_\_\_\_\_

**5. Check the reason for the discrimination. (I was discriminated against because of my....)**

<b>RACE</b>	<input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (please identify):
<b>NATIONAL ORIGIN</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> East Indian <input type="checkbox"/> Arab/Afghani/Middle Eastern <input type="checkbox"/> Western European <input type="checkbox"/> Other (please identify):
<b>SEX</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>SEXUAL ORIENTATION</b>	<input type="checkbox"/>
<b>GENDER IDENTITY</b>	<input type="checkbox"/>
<b>PREGNANCY</b>	<input type="checkbox"/>
<b>DISABILITY</b>	<input type="checkbox"/> Please describe:
<b>RELIGION/CREED</b>	<input type="checkbox"/> Please identify:
<b>COLOR</b>	<input type="checkbox"/> Light skinned <input type="checkbox"/> Dark skinned
<b>AGE</b>	<input type="checkbox"/>
<b>MARITAL STATUS</b>	<input type="checkbox"/>
<b>FAMILIAL STATUS</b>	<input type="checkbox"/> Presence of children
<b>RETALIATION</b>	<input type="checkbox"/> Because I filed a prior civil rights complaint, opposed a discriminatory practice or participated as a witness in an anti-discrimination proceeding.

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

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

7. Please check the **ACTION** that the Company took against you. (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Demotion                          | <input type="checkbox"/> Failure to Train                |
| <input type="checkbox"/> Denied Accommodation/Modification | <input type="checkbox"/> Forced to Quit/Retire           |
| <input type="checkbox"/> Denied Benefits                   | <input type="checkbox"/> Harassment                      |
| <input type="checkbox"/> Denied Financial Services         | <input type="checkbox"/> Laid-Off/ Failure to Recall     |
| <input type="checkbox"/> Denied Service                    | <input type="checkbox"/> Reduced Hours/Pay               |
| <input type="checkbox"/> Disciplined/Suspended             | <input type="checkbox"/> Sexual Harassment               |
| <input type="checkbox"/> Eviction                          | <input type="checkbox"/> Terminated                      |
| <input type="checkbox"/> Failure to Hire                   | <input type="checkbox"/> Treated Differently             |
| <input type="checkbox"/> Failure to Promote                | <input type="checkbox"/> Undesirable Assignment/Transfer |
| <input type="checkbox"/> Failure to Rent                   | <input type="checkbox"/> Unequal Pay                     |

Other: \_\_\_\_\_

8. What is the Full Legal Name of the **Organization** that discriminated against you?  
[This Organization will be charged with discrimination and will be given a copy of your complaint.]

\_\_\_\_\_

What is its mailing address?

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

9. Name the **Parent Organization** or **Corporate Office** of the organization listed in #8.  
[This Organization will also be charged with discrimination and will be given a copy of your complaint.]

\_\_\_\_\_

What is its mailing address? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

10. Where did the discrimination occur? Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

11. What does the organization do? What services does the organization provide?

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12. If Employment is the Area of discrimination, give the approximate number of ALL employees (full-time & part-time) at ALL employer locations nationwide (**REQUIRED**):

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

13. Have you filed this complaint with any other Federal, State, or Local anti-discrimination agency?       Yes       No

If yes, what agency? \_\_\_\_\_ When? \_\_\_\_\_

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

[This person will be charged with discrimination and will be given a copy of your complaint.]

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work or Home Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work or Home Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work or Home Address: \_\_\_\_\_

15. What was the **date** of the **MOST RECENT** discriminatory incident? (Month Day, Year)

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16. If Employment is the Area of discrimination, what is your hire date or application date?

\_\_\_\_\_ (Month Day, Year)

Are you still employed by the **Organization** listed in #8?       Yes       No

If no, **when** did your employment **end**? \_\_\_\_\_ (Month Day, Year)

If no, **how** did your employment **end**?       Terminated       Resigned

**17. BRIEF SUMMARY OF ALLEGATIONS.** Please state why you feel your basis/bases was/were a factor in how you were treated. Please be sure to address each action you checked in Question #7. (Please DO NOT identify **people** who may be **witnesses** in support of your complaint.) (*Please read the instructions before writing your brief summary.*) Attach additional pages, if necessary.

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

# COUNCIL BLUFFS CIVIL RIGHTS COMMISSION

## Contact Information

*Note: This information will NOT be given out to anybody.  
It is for CBCRC use only.*

Your Name: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ (voluntary)

Your Telephone #: (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Your E-mail: \_\_\_\_\_ Your FAX: \_\_\_\_\_

### **Your Contact Person**

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.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone #: (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

e-mail: \_\_\_\_\_