

**ECIA
Discrimination Complaint Form**

Note: *The following information is needed to assist in processing your complaint. Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing.*

Complainant Information:

Name: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Other): _____
Email Address: _____

Person Discriminated Against (if someone other than the Complainant):

Name: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Other): _____
Email Address: _____

Which of the following best describes the reason you believe the discrimination took place?

- Race / Color (Specify)
- National Origin (Specify)
- Sex / Gender
- Religion
- Age
- Disability

On what date(s) (d/m/yr) did the alleged discrimination take place? _____

Name: _____
 Address: _____
 City: _____ State: ____ Zip Code: _____
 Telephone Number (Home): _____
 Telephone Number (Other): _____
 Email Address: _____

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

- Federal agency State agency Local agency
- Federal court State court Other _____

If a complaint was filed elsewhere, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
 Address: _____
 City: _____ State: ____ Zip Code: _____
 Telephone Number (Home): _____
 Telephone Number (Other): _____
 Email Address: _____

Please describe how this/these issue(s) can be resolved to your satisfaction.

If an advisor will be assisting you in the complaint process, please provide the advisor's name and contact information.

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Other): _____
Email Address: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

This Discrimination Complaint Form and your written complaint statement must be signed and dated for allegation(s) to be addressed.

Additionally, you will need to sign a Consent/Release Form to disclose your name, if necessary, in the course of the inquiry. A Consent/Release Form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, this person must also sign a Consent/Release Form to consent to name disclosure in order to proceed.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant Signature: _____ **Date:** _____

Attachments: Yes _____ No _____

Submit completed and signed Discrimination Complaint Form, Consent/Release Form(s) and any additional information to:

ECIA, 7600 Commerce Park, Dubuque, IA 52002
Phone: 563-556-4166 Fax: 563-556-0348 Email: lweinhold@ecia.org

Consent/Release Form for Discrimination Complaints

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Other): _____
Email Address: _____

As a complainant, I understand that in the course of an investigation it may become necessary for the East Central Intergovernmental Association, hereafter referred to as the "ECIA", to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the ECIA to honor requests under the Freedom of Information Act. I understand that it may be necessary for the ECIA to disclose information, including personally identifying details, which it has gathered as part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by the ECIA policies and practices, from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the ECIA.

Please check one of the two boxes below:

I CONSENT and authorize to have the ECIA, as part of the investigation, reveal my identity to persons at the organization, business or institution, which has been identified by me in my formal complaint of discrimination. I also authorize the ECIA to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information in this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release, and do so voluntarily.

I DENY CONSENT to have the ECIA reveal my identity to persons at the organization, business or institution under investigation. I also deny consent to have the ECIA disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the ECIA to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature: _____ **Date:** _____

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