

## **Employee Complaint Form**

## THIS COMPLAINT WILL BE KEPT CONFIDENTIAL

If you believe that you have been unlawfully discriminated against, harassed, retaliated against or feel that a violation of the State's <u>Violence-Free Workplace Policy</u>, <u>Equal Opportunity</u>, <u>Affirmative Action</u>, <u>and Anti-Discrimination Policy</u>, or the <u>Policy Prohibiting Sexual Harassment</u> has occurred, please fill out this form and return it to the Department of Administrative Services – Human Resources Enterprise Attn: Employee Relations as instructed on page 4 of this form. Please type or print legibly.

YOUR PERSONAL INFORMATION							
1.	Legal name:	_					
2.	Department you work in:						
3.	Job title:	_					
4.	Home mailing add	lress (correspor	ndence will be sent to this a	address):			
_	Street (Apt. No.)			City	State	Zip Code	
5.	Contact information	on (complete all	avenues you prefer we use to	communicate with you du	iring the complain	t process):	
	Phone (required)	Work	Home		Cell		
	Email (required)	Work		Personal			
FACTORS RELATING TO YOUR COMPLAINT - Following are a series of questions designed to help us identify all of the factors relating to your complaint. Please do not skip an answer. If the basis does not apply, select "No."							
6.	Do you believe you were discriminated against because of your race/ethnic group?						
	If yes, what is your race/ethnic group?				∐No	∐Yes	
7.	Do you believe you were discriminated against because of your skin color?						
	If yes, what is your skin color?				∐No	∐Yes	
8.	Do you believe you were discriminated against because of your national origin?						
	If yes, what is your national origin?			□No	□No □Yes		
9.	Do you believe you were discriminated against because of your sex?						
	If yes, what is your sex?				□No	□Yes	
10.	Do you believe your were discriminated against because of your sexual orientation?						
	If yes, what is your sexual orientation?				□No	□No □Yes	
11.	Do you believe you were discriminated against because of your gender identity?						
	If yes, what is your gender identity?				□No	□Yes	

FA	CTORS RELATING TO TOOK COMPLAINT (continued)		
12.	Do you believe you were discriminated against because of a disability (documented or perceived)?  If yes, what is your disability?	□No	□Yes
	Is your disability documented or perceived?		
13.	Do you believe you were discriminated against because of your religion or creed?  If yes, what is your religion or creed?	□No	□Yes
14.	Do you believe you were discriminated against because of your pregnancy or pregnancy-related issues? If yes, please provide the date span of your pregnancy?	□No	□Yes
15.	Do you believe you were discriminated against because of your age?  If yes, what is your birth date?	□No	□Yes
16. ·	Do you believe you were  If yes, which protected class?	□No	□Yes
117.	Do you believe you were retaliated against for previously filing a complaint of discrimination, harassment, or retaliation under the State of Iowa Equal Opportunity, Affirmative Action, and Anti-Discrimination Policy or with the Iowa Civil Rights Commission, or for participating in any state investigation of discrimination, harassment, or retaliation under this policy?  s, please provide:  • The date of complaint  • The name of the Complainant on the report  • The Name, Title and Agency of all persons you believe retaliated against you	□No	□Yes
18.	Do you believe there has been a violation of the Violence-Free Workplace Policy?	□No	□Yes
19.	Do you believe there has been a violation of the Policy Prohibiting Sexual Harassment?	□No	□Yes

Employee Name \_\_\_\_\_\_Date \_\_\_\_\_

COMPLAINT DETAILS							
To the best of your ability, include each event (with dates) that occurred, the name of the person you believe discriminated, harassed or retaliated against you or violated the Violence-Free Workplace Policy and each person who may have witnessed the event (with their job title). Please attach additional pages if needed. Be sure that your summary reflects the basis you previously identified as the reason for any actions taken.							

Employee Name

Date \_\_\_\_

(Attach additional pages if necessary)

	Employee Name	Date
ACKNOWLEDGEMENT		
knowledge of the allegations or defenses. considered confidential and any unauthori disciplinary action, up to and including terms.	ecessary to interview you, the alleged harasse All persons involved in the investigation will be zed disclosure of information concerning the mination of employment. The State of Iowa procomplaint, aides another in filing a complaint,	e notified that the investigation is investigation could result in ohibits retaliation or
•	t is true and correct to the best of my knowled provide whatever evidence the DAS-HRE Emplo	. ,
X		
Signature	Date	
FORM SUBMISSION		
Send Email: dashre.employeerelation	s@iowa.gov	
Or		
Mail to:		
DAS/HRE Attn: Employee Relations Hoover Building		

NOTICE: This form requests Personal Identifying Information (PII). It is not recommended that PII be transmitted through the State of Iowa email system. If you choose to send the information through the State of Iowa email system please be advised that the PII may be inadvertently disclosed through requests for information under FOIA.

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1305 Walnut Street, Level A Des Moines, Iowa 50319.