



**FACTORS RELATING TO YOUR COMPLAINT (continued)**

<p>12. Do you believe you were discriminated against because of a disability (documented or perceived)?          If yes, what is your disability? _____          Is your disability documented or perceived? _____</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>13. Do you believe you were discriminated against because of your religion or creed?          If yes, what is your religion or creed? _____</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>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? _____</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>15. Do you believe you were discriminated against because of your age?          If yes, what is your birth date? _____</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>16. Do you believe you were _____          If yes, which protected class? _____</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>17. 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?          If yes, 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 _____</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>18. Do you believe there has been a violation of the Violence-Free Workplace Policy?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>19. Do you believe there has been a violation of the Policy Prohibiting Sexual Harassment ?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

**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.

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(Attach additional pages if necessary)

**ACKNOWLEDGEMENT**

To investigate your complaint, it may be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. All persons involved in the investigation will be notified that the investigation is considered confidential and any unauthorized disclosure of information concerning the investigation could result in disciplinary action, up to and including termination of employment. The State of Iowa prohibits retaliation or discrimination against anyone who files a complaint, aides another in filing a complaint, or provides information to an investigation.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the DAS-HRE Employee Relations investigators deem relevant.

**X** \_\_\_\_\_  
Signature Date

**FORM SUBMISSION**

**Send Email:** [dashre.employeerelations@iowa.gov](mailto:dashre.employeerelations@iowa.gov)

Or

**Mail to:**

DAS/HRE  
Attn: Employee Relations  
Hoover Building  
1305 Walnut Street, Level A  
Des Moines, Iowa 50319.

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.

**THIS COMPLAINT WILL BE KEPT CONFIDENTIAL**