



# Employee Relations Complaint Form

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

## PERSONAL INFORMATION

Name of Employee: \_\_\_\_\_

Department you work/worked in (if a current or former State employee): \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

## Contact Information

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

## 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.”

Do you believe you were discriminated against or harassed because of your race/ethnic group?

Yes       No

If yes, what is your race/ethnic group? \_\_\_\_\_

## FACTORS RELATING TO YOUR COMPLAINT (CONTINUED PAGE 2)

Do you believe you were discriminated against or harassed because of your skin color?

Yes       No

If yes, what is your skin color? \_\_\_\_\_

Do you believe you were discriminated against or harassed because of your national origin?

Yes       No

If yes, what is your national origin? \_\_\_\_\_

Do you believe you were discriminated against or harassed because of your sex?

Yes       No

If yes, what is your sex? \_\_\_\_\_

Do you believe you were discriminated against or harassed because of your sexual orientation?

Yes       No

If yes, what is your sexual orientation? \_\_\_\_\_

Do you believe you were discriminated against or harassed because of your gender identity?

Yes       No

If yes, what is your gender identity? \_\_\_\_\_

Do you believe you were discriminated against or harassed because of a disability (documented or perceived)?

Yes       No

If yes, what is your disability? \_\_\_\_\_

Is your disability documented or perceived? \_\_\_\_\_



## FACTORS RELATING TO YOUR COMPLAINT (CONTINUED PAGE 3)

Do you believe you were discriminated against or harassed because of your religion or creed?

Yes       No

If yes, what is your religion or creed? \_\_\_\_\_

Do you believe you were discriminated against or harassed because of your pregnancy or pregnancy-related issues?

Yes       No

If yes, please provide the date span of your pregnancy? \_\_\_\_\_

Do you believe you were discriminated against or harassed because of your age?

Yes       No

If yes, what is your date of birth? \_\_\_\_\_

Who are you filing this complaint against?

Please include full name(s) and job title(s):

\_\_\_\_\_  
\_\_\_\_\_

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?

Yes       No

If yes, please provide:

- The date of previous complaint: \_\_\_\_\_
- The name of the Complainant on the report: \_\_\_\_\_

## FACTORS RELATING TO YOUR COMPLAINT (CONTINUED PAGE 4)

Please list the name, title and agency of all persons you believe retaliated against you below.

- Person 1 Name: \_\_\_\_\_
- Person 1 Title: \_\_\_\_\_
- Person 1 Agency: \_\_\_\_\_
- Person 2 Name: \_\_\_\_\_
- Person 2 Title: \_\_\_\_\_
- Person 2 Agency: \_\_\_\_\_
- Person 3 Name: \_\_\_\_\_
- Person 3 Title: \_\_\_\_\_
- Person 3 Agency: \_\_\_\_\_
- Person 4 Name: \_\_\_\_\_
- Person 4 Title: \_\_\_\_\_
- Person 4 Agency: \_\_\_\_\_

Do you believe there has been a violation of the Violence-Free Workplace Policy?

Yes       No

Do you believe there has been a violation of the Policy Prohibiting Sexual Harassment?

Yes       No

Do you believe that you witnessed or are aware of discrimination, harassment, or workplace violence against someone else?

Yes       No





## 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, aids 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 Employee Relations investigators deem relevant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FORM SUBMISSION

To submit, send this form to Employee Relations in one of the following ways:

- Email: Send this form to [dashre.employeerelations@iowa.gov](mailto:dashre.employeerelations@iowa.gov)
- Drop off: Hand deliver this form to DAS Employee Relations on Level 3
- Mail: Send this form to Iowa Department of Administrative Services – Human Relations, 1305 East Walnut, 3rd Floor, 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**