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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 submit it to the Department of Administrative Services, Attn: Employee Relations, as instructed on the last page of this form.

## PERSONAL INFORMATION

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

Are you a current or former State employee?       Yes       No

If yes, for which executive branch department do/did you work?

\_\_\_\_\_

What is/was your job title?

\_\_\_\_\_

If currently employed, what days and hours do you typically work?

\_\_\_\_\_

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

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

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

Work Phone(s): \_\_\_\_\_

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

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

## COMPLAINT DETAILS

Who are you filing this complaint against? \_\_\_\_\_

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

Yes       No

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

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

Yes       No

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

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

Yes       No

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

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

Yes       No

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

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

Yes       No

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

Do you believe that you were discriminated against or harassed because of your documented or perceived disability?

Yes       No

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

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

Yes       No

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

Do you believe that you have been sexually harassed?

Yes       No

Do you believe that you have experienced workplace violence?

Yes       No

Do you believe that you have witnessed or are aware of discrimination, harassment, or workplace violence against someone other than yourself?

Yes       No

If yes, who? \_\_\_\_\_

Do you believe that you have experienced retaliation 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 Office of Civil Rights, or for participating in a State investigation regarding discrimination, harassment, or retaliation?

Yes       No

If yes, what was the approximate date of the previous complaint and/or investigation?

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Please explain what occurred in as much detail as possible, including dates and witness names. (Please attach additional pages, if necessary, and any supporting documentation that you may have.)

Do you want your complaint to be investigated by the Department of Administrative Services, Employee Relations? (If you respond “No” to this question or do not mark either box, your complaint may be provided to the applicable employing agency for investigation.)

Yes       No

### **ACKNOWLEDGEMENT**

To investigate this complaint, it may be necessary to interview you, any other witnesses with knowledge of the allegations or defenses, and the individual(s) whom the complaint is against. All persons involved in the investigation will be notified that the investigation is confidential and any unauthorized disclosure of information concerning the investigation is prohibited. The State of Iowa prohibits discrimination and retaliation against anyone who files a complaint, assists in filing a complaint, or provides information as part of an investigation.

Is the information provided in this complaint true and correct to the best of your knowledge, and are you willing to cooperate fully in the investigation of this complaint, including providing any evidence deemed necessary by the investigator(s)?

Yes       No

Name of Individual Completing Form: \_\_\_\_\_

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

Please email this form to the Department of Administrative Services, Employee Relations at [employeerelations@das.iowa.gov](mailto:employeerelations@das.iowa.gov) or mail or deliver it to:

Department of Administrative Services  
Attn: Employee Relations  
1305 E Walnut St  
Hoover BLDG, 3<sup>rd</sup> FL  
Des Moines, IA 50319

**NOTE:** This form requests Personal Identifying Information. If you choose to submit this form via email, please be advised that Personal Identifying Information may be inadvertently disclosed through requests for information under the Freedom of Information Act (FOIA).