Department of Administrative Services

Employee Relations Complaint

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 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 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?

_____

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 are 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 or mail or deliver it to:

Department of Administrative Services
Attn: Employee Relations
1305 E Walnut St
Hoover BLDG, 3rd 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).