State of Iowa
Iowa Department of Administrative Services
Human Resource Enterprise

Employee 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* or *Equal Opportunity, Affirmative Action, and Anti-Discrimination Policy* 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 address** (correspondence will be sent to this address):

   Street (Apt. No.) _____ City _____ State _____ Zip Code _____

5. **Contact information** (complete all avenues you prefer we use to communicate with you during the complaint 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, please check the affirmative action group that represents your race/ethnic group. ☐ No ☐ Yes

   - ☐ (0) White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
   - ☐ (1) Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa
   - ☐ (2) Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent
   - ☐ (3) American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America), and maintain tribal affiliation or community attachment
   - ☐ (4) Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race
   - ☐ (5) Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, or other Pacific Islands
   - ☐ (6) Two or More Races (Not Hispanic or Latino) –All persons who identify with more than one of the above six races

Employee Name _____Date _____

FACTORS RELATING TO YOUR COMPLAINT (continued)

7.	Do you believe you were discriminated against because of your national origin? If yes, what is your national origin? _____	☐ No ☐ Yes
8.	Do you believe you were discriminated against because of your sex? If yes, what is your sex? _____	☐ No ☐ Yes
9.	Do you believe you were discriminated against because of your sexual orientation? If yes, what is your sexual orientation? _____	☐ No ☐ Yes
10.	Do you believe you were discriminated against because of your gender identity? If yes, what is your gender identity? _____	☐ No ☐ Yes
11.	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? _____	☐ No ☐ Yes
12.	Do you believe you were discriminated against because of your religion or creed? If yes, what is your religion or creed? _____	☐ No ☐ Yes
13.	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
14.	Do you believe you were discriminated against because of your age? If yes, what is your birth date? _____	☐ No ☐ Yes
15.	Do you believe you were retaliated against for previously filing a complaint of discrimination, harassment or retaliation to anyone within the State of Iowa or participating in any State investigation of discrimination, harassment or retaliation? 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	☐ No ☐ Yes
16.	Do you believe there has been a violation of the Violence-Free Workplace Policy?	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.

(Attach additional pages if necessary)

Employee Name _____Date _____

ACKNOWLEDGEMENT

To investigate your complaint, it will 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 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 via Fax to: (515) 242-6450

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.