Discrimination/Harassment Complaint Form

If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the Human Resources Office at (515) 576-6869 to schedule an appointment. Please feel free to contact Human Resources if you have any questions regarding the process for filing or investigating complaints.

| Employee Information | | | | | |
|---|--------------------------------|------------------------|---------------|----------------------|--|
| Name: | | | Phone Number: | | |
| Position: | | | Supervisor: | | |
| Address: | | | | | |
| City: | | | State: | Zip: | |
| E-Mail Address: | | | | | |
| Discrimination or Harassment Complaint Information | | | | | |
| I believe I was harassed/discrin ☐ Age | ninated against because of my: | ☐ Disabil | ity | Race | |
| Gender | Religion | ☐ Medical Condition | | ☐ Sexual Orientation | |
| ☐ National Origin | ☐ Military-Veteran Status | Other (Explain Below): | | | |
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| Person (or persons) you believe harassed you or discriminated against you. | | | | | |
| Name: | | Position: | | | |
| Please explain the incident or conduct that is the basis of this complaint Attach additional pages, as necessary: | | | | | |
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| Describe the corrective action you are seeking. Attach additional pages if necessary. | | | | |
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| Suggested witnesses and contact information if known (e-mail and telephone numbers if you have them): | | | | |
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| Do you know of any documents that may be relevant to this matter? Yes No (If, yes, please attach documents.) | | | | |
| Have you discussed this complaint with anyone else? Yes No (If yes, list their contact Information below.) | | | | |
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| | | | | |
| Signatures | | | | |
| Complainant: | Date: | | | |
| Received By: | Date: | | | |
| Human Resources: | Date: | | | |