


AGENDA	Thursday, July 8, 2021 at 12:00 PM	
Human Relations Commission Meeting	Commission Room 1st Floor—City Hall 224 West Ninth Street Sioux Falls, South Dakota or by teleconference at 1-408- 418-9388, Access Code 1870 98 6049##	

1. CALL TO ORDER

2. ADOPT THE AGENDA

3. APPROVAL OF MINUTES FROM JUNE 2021 MEETING

4. ANY BUSINESS OR PENDING ISSUES TO BE BROUGHT BEFORE THE BOARD

- A. OFFICER ELECTIONS – SECRETARY**
- B. SUBCOMMITTEES – IDENTIFY ACTIVE COMMITTEES AND MEMBERS**
- C. HRC PARTICIPATION IN COMMUNITY EVENTS**
- D. WORKING SESSION: INTAKE PROCESS/QUESTIONNAIRE**
- E. UPDATE FROM BOARD DIVERSITY RECRUITMENT COMMITTEE**
- F. UPDATE FROM COMMUNICATIONS AND OUTREACH COMMITTEE**

5. UPDATE REGARDING HUMAN RELATIONS OFFICE

A. DETERMINATION PROCESS AND ENSURING TIMELY RESPONSE

HUMAN RELATIONS COMMISSION MEMBERS:

Megan Myers, Chair
Justine Schoolmeester, Vice Chair
Anny Libengood
Karen Gourley
Kassidi Smith
Megan Grode-Wolters
Ryan Chase
Nassir Yemam
Sheku Bannister

CITY STAFF:

Sharla Svenes, Assistant City Attorney
Lyndsey Meier, Human Relations Specialist

If an ADA accommodation is needed, please contact the Human Relations Office at 367-8745 or humanrelations@siouxfalls.org at least 12 hours in advance of the meeting.

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B. DIVISION STATISTICS

6. PUBLIC INPUT

A. To access this meeting dial 1-408-418-9388. When prompted, the access code is
1870 98 6049##

7. ADJOURNMENT

**SIOUX FALLS HUMAN RELATIONS COMMISSION
INSTRUCTIONS FOR COMPLETING INTAKE QUESTIONNAIRE**

—PLEASE READ THIS ENTIRE DOCUMENT BEFORE STARTING—

The Code of Ordinances of Sioux Falls, SD, Chapter 98, prohibits discrimination on the basis of race, color, creed, religion, sex, national origin, ancestry, disability, or familial status. The Ordinance applies to the following areas: employment, housing, education, public accommodations, public services, property rights, and labor union membership. In order to file a complaint, you must allege discrimination because of your race, color, creed, religion, sex, national origin, ancestry, disability, or familial status (housing only) in the areas of employment, housing, education, public accommodations, public services, property rights, and/or labor union membership. Your charge must be filed within 180 days from the last date of discrimination. If the last incident of discrimination is more than 180 days, but less than 300 days, please contact the Human Relations Commission office before completing the questionnaire.

The Sioux Falls Human Relations Commission is responsible for the administration and enforcement of civil rights laws in the city of Sioux Falls. The Human Relations Office serves as a neutral third party who gathers facts relevant to your case. Our role is to impartially investigate your complaint and work to resolve any grievance through informal means such as mediation and/or conciliation. Our office does not provide legal representation and cannot endorse any particular attorney.

If you believe you have been the target of unlawful discrimination, you may file a charge or complaint of discrimination. You should be prepared to provide specific details pertaining to the alleged discrimination. The first step in the process requires that you complete the attached/enclosed form in its entirety. Use the reverse side and/or extra paper to explain exactly what happened to you. Be specific with all names and dates.

Please note that completing this questionnaire does not mean that a Charge of Discrimination has been filed. After you submit the information, the Human Relations Office staff will draft a Charge of Discrimination and then arrange for you to review it and, once finalized, sign it in front of a notary. If the information provided in the questionnaire is not sufficient to draft a charge, you will be contacted to discuss your allegations further.

Please return the completed questionnaire to: Sioux Falls Human Relations Commission, PO Box 7402, Sioux Falls, SD 57117 or email to humanrelations@siouxfalls.org.

[#2—Click **here** and type name]

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[#1—Click **here** and type date]

Sioux Falls Human Relations Commission Intake Questionnaire

1. Your Information (Complainant): (please print)

Name: _____
First (indicate Mr., Ms., or Mrs.) Middle (initial) Last

Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

County: _____ Date of Birth: _____

Daytime Phone: _____ Other phone: _____

Email: _____ Preferred method of contact: _____

Provide the name of someone who lives at a different address, who would know how to contact you at any time:

Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____

City: _____ State _____ Zip Code: _____

Are you represented by an attorney? Yes No. If yes, complete the following:
Please note that you are not required to be represented by an attorney. You can, however, seek representation at any time. Our office does not provide legal representation.

Name of Attorney: _____

Firm: _____

Address: _____

Phone: _____

2. Who You Believe Discriminated and/or Retaliated Against You (Respondent):
(please print)

Provide the name and address of the company, employer, labor union, employment agency, school, business, or public service agency you believe discriminated and/or retaliated against you:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Connection to Respondent: _____
 (i.e., employer, business, company, etc.)

If the company's headquarters are located at an address different from the one listed above, please provide the following information (if known):

<p>Company headquarters: Name: Address: Telephone Number:</p>

3. Basis of Complaint: Check the category(s) which best describes the basis for your claim of discrimination. This is the reason you were discriminated against.

- | | | |
|--|-----------------------------------|-------|
| <input type="checkbox"/> Race | What is your race? | _____ |
| <input type="checkbox"/> Age | What is your age/date of birth? | _____ |
| <input type="checkbox"/> Sex | What is your gender? | _____ |
| <input type="checkbox"/> National Origin | What is your national origin? | _____ |
| <input type="checkbox"/> Religion | What is your religion? | _____ |
| <input type="checkbox"/> Color | What is your color? | _____ |
| <input type="checkbox"/> Disability | What is your disability? | _____ |
| <input type="checkbox"/> Familial Status | What is your familial status? | _____ |
| <input type="checkbox"/> Creed | What is your creed? | _____ |
| <input type="checkbox"/> Ancestry | What is your ancestry? | _____ |
| <input type="checkbox"/> Genetic Information | What is your genetic information? | _____ |
| <input type="checkbox"/> Retaliation | What was the retaliation? | _____ |
| <input type="checkbox"/> Other: | Explain other: | _____ |

4. **Disability Information:** Complete only if you are claiming disability as the basis for your complaint:

Description of Physical or Mental Impairment:

How does this impact your daily life?

Did accused (Respondent) know of your impairment? If so, how and when:

5. **Date(s) of Alleged Discrimination:**

Beginning Date: _____

Ending Date: _____

6. **Statement of Allegations:** Describe the discrimination action against you:

Specifically explain the action taken against you; describe how you were treated differently (i.e. failed to hire, failed to promote, retaliated against, denied reasonable accommodation, harassed, etc.). Provide the name and job title of the person(s) who took the action and the dates of each event. If necessary, attach an additional sheet(s) of paper.

7. Reason for Action(s) stated by Respondent:

State the reason Respondent gave for the action(s) taken against you. If documentation was provided, please attach a copy.

8. Employment Information: Complete only if Respondent is your current, former, or potential employer.

- a. Date of application for open position or promotion: _____
- b. Did you meet the stated qualifications for the position: Yes No
- c. Were you interviewed: Yes No
- d. If you were not hired or promoted, do you know who was? Yes No
 - 1. If yes, please provide name and information regarding protected class status (i.e. race, sex, religion, national origin, etc.) _____
- e. If you were hired, date you began work: _____
- f. Job title at time of hire: _____
- g. Current job title or title at time of termination: _____
- h. Name of Supervisor: _____
- i. Approximate number of employees: _____
- j. Were you given a copy of the company's rules and policies? Yes No
- k. Did you ever complain to your supervisor or Human Resources about the discriminatory acts against you? Yes No

1. If yes, explain who it was reported to and what action was taken:

9. **Witness(es):** List any and all persons who witnessed the discrimination and can support your allegations:

Name: _____

Phone: _____

What did they witness? _____

(Continue on a separate attached sheet if necessary.)

10. **List other persons (if any) who were discriminated against in the same manner as you. Provide the following information for each individual.**

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Have you filed similar complaints with any other governmental agency? (i.e., South Dakota Division of Human Rights or Equal Employment Opportunity Commission)?

- Yes If Yes, which agency: _____
 No

12. Mediation Information: Are you interested in pursuing mediation as an alternative to the investigative and formal decision-making process?

- Yes
- No

The goal of mediation is to arrive at a reasonable settlement that is acceptable to all parties. The Sioux Falls Human Relations Commission supports mediation and strongly recommends you consider it. If you and Respondent agree to enter into mediation, a trained, professional mediator will be provided at no cost to you. If for some reason mediation does not result in a mutual settlement, your charge will then continue through the administrative process, pursuant to City Ordinance.

Describe remedies you are seeking for relief (what it would take to resolve the issue(s) you are alleging):

The Sioux Falls Human Relations Commission does not charge any fees for its services. As a government agency, the Commission and Human Relations Office cannot act as your attorney and cannot endorse or recommend any particular attorney.

I certify by checking this box I intend to file a charge of discrimination, and I authorize the Sioux Falls Human Relations Commission to look into the discrimination described above. **I understand that the Sioux Falls Human Relations Commission must give the Respondent that I accuse of discrimination information about the charge, including my name.** I also understand that the Sioux Falls Human Relations Commission can only accept charges of discrimination based on race, age, sex/gender, national origin, religion, color, disability, familial status, creed, ancestry, genetic information, or retaliation for opposing discrimination.

I declare and affirm that this information is, to the best of my knowledge, true and correct.

Signature of Complainant

Date