

4. 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:

5. Basis of Complaint: Check the category(s) which best describes the basis for your claim of discrimination. If none of the following apply, please stop here.

- | | | |
|--|---------------------------------|-------|
| <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"/> Retaliation | What was the retaliation? | _____ |
| <input type="checkbox"/> Disability | What is your disability? | _____ |
| <input type="checkbox"/> Other: | Explain other: | _____ |

6. Date(s) of Alleged Discrimination Action:

Beginning Date: _____

Ending Date: _____

7. Witness(es): List any and all persons who witnessed the discrimination and can provide support for your allegations:

Name: _____

Phone: _____

What did they witness? _____

(Continue on a separate attached sheet if necessary.)

8. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. 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

10. **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.

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

Description of Physical or Mental Impairment:
Impact on major life activity:
If, how, and when Respondent knew of the impairment:

12. Employment Information: Complete only if Respondent is your employer or prospective employer as applicable:

a. Date of application for open position or promotion: _____

b. Were you qualified 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: _____

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, describe what action was taken:

The Sioux Falls Human Relations Commission does not charge any fees for its services. As a government agency, the Commission 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, color, religion, sex, national origin, disability, age, 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