

# IOWA CIVIL RIGHTS COMMISSION COMPLAINT FORM

515-281-4121 / 800-457-4416 / Fax: 515-242-5840 / https://icrc.iowa.gov

(AGENCY USE ONLY)

ICRC CP# \_\_\_\_\_ Iowa Civil Rights Commission  
Local Commission# \_\_\_\_\_ 400 East 14<sup>th</sup> Street  
BEOC# \_\_\_\_\_ Des Moines, Iowa 50319-0201

(PLEASE TYPE OR PRINT LEGIBLY)

## SECTION 1 • COMPLAINANT INFORMATION

Your legal name:  Jesse Vroegh

Your mailing address:  c/o Melissa C. Hasso, 3737 Woodland Ave., Suite 630

City:  West Des Moines  State:  IA  Zip Code:  50266

Telephone #:  [REDACTED]

Email address:  [REDACTED]

Your date of birth:  [REDACTED]  Your sex/gender:  Gender: Male

Have you previously filed this complaint with any other federal, state, or local anti-discrimination agency?  Yes  No

If yes, what agency? \_\_\_\_\_ When? \_\_\_\_\_

## SECTION 2 • DISCRIMINATION INFORMATION

1. Please indicate the AREA(S) in which the discrimination occurred.

- Employment  Public Accommodation  Housing  
 Education  Credit  Retaliation

2. Please indicate the ACTION(S) that the organization took against you.

- |  |  |
|--|--|
| <input type="checkbox"/> Demotion  | <input type="checkbox"/> Failure to Train                |
| <input checked="" type="checkbox"/> Denied Accommodation or Modification | <input type="checkbox"/> Forced to Quit/Retire           |
| <input checked="" type="checkbox"/> Denied Benefits                      | <input type="checkbox"/> Harassment                      |
| <input type="checkbox"/> Denied Financial Services/Credit                | <input type="checkbox"/> Layoff                          |
| <input type="checkbox"/> Denied Service                                  | <input type="checkbox"/> Reduced Hours                   |
| <input type="checkbox"/> Discipline                                      | <input type="checkbox"/> Reduced Pay                     |
| <input type="checkbox"/> Eviction  | <input type="checkbox"/> Sexual Harassment               |
| <input type="checkbox"/> Failure to Hire                                 | <input type="checkbox"/> Suspension                      |
| <input type="checkbox"/> Failure to Promote                              | <input type="checkbox"/> Termination                     |
| <input type="checkbox"/> Failure to Rent                                 | <input type="checkbox"/> Undesirable Assignment/Transfer |
| <input type="checkbox"/> Failure to Recall                               | <input type="checkbox"/> Unequal Pay                     |

Other:  Denial of equal access to single-sex spaces at work

3. Please indicate the BASIS(ES) or reasons for the discrimination.

a. Do you believe you were discriminated against because of your race?  No

If yes, what is your race? \_\_\_\_\_

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- b. Do you believe you were discriminated against because of your skin color? \_\_\_No\_\_\_\_\_
- If yes, what is your skin color? \_\_\_\_\_
- c. Do you believe you were discriminated against because of your national origin? \_\_\_No\_\_\_\_\_
- If yes, what is your national origin? \_\_\_\_\_
- d. Do you believe you were discriminated against because of your sex? \_\_\_\_\_Yes\_\_\_\_\_
- If yes, what is your sex? Male, who is also transgender (assigned female sex at birth, male gender identity)\_\_\_\_\_
- e. Do you believe you were discriminated against because of your sexual orientation? \_No\_\_\_\_\_
- If yes, what is your sexual orientation? \_\_\_\_\_
- f. Do you believe you were discriminated against because of your gender identity? \_\_\_Yes\_\_\_\_\_
- If yes, what gender do you identify as? \_\_\_\_\_Male\_\_\_\_\_
- g. Do you believe you were discriminated against because of a real or perceived disability? \_Yes
- If yes, what is your real or perceived disability? Gender dysphoria and related depression, anxiety\_\_\_\_\_
- h. Do you believe you were discriminated against because of your religion or creed? \_\_\_No\_\_\_\_\_
- If yes, what is your religion or creed? \_\_\_\_\_
- i. Do you believe you were discriminated against because of your pregnancy or pregnancy - related condition? \_\_\_\_\_No\_\_\_\_\_
- j. If your complaint involves employment or credit, do you believe you were discriminated against because of your age? \_\_\_\_\_No\_\_\_\_\_
- If yes, do you believe you were discriminated because you are older or because you are younger? \_\_\_\_\_
- k. If your complaint involves housing or credit, do you believe you were discriminated against based on your familial status? \_\_\_\_\_N/A\_\_\_\_\_
- If yes, how many children live with you? \_\_\_\_\_
- l. If your complaint involves credit, do you believe you were discriminated against based on your marital status? \_\_\_\_\_N/A\_\_\_\_\_
- If yes, what is your marital status? \_\_\_\_\_
- m. Do you believe you were retaliated against because you reported discrimination to someone within the organization, filed a complaint with the ICRC, or participated as a witness in an anti-discrimination agency proceeding?
- \_\_\_\_\_No\_\_\_\_\_
- If yes, what did you report or complain about, and to whom?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

State what happened to you as a result of your report or complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What was the date (month/day/year) of the MOST RECENT discriminatory incident? (REQUIRED):  
\_\_\_\_\_ Ongoing through present \_\_\_\_\_
5. If Employment is the Area, what is your hire date or application date? July 6, 2009
6. Are you still employed by the organization that discriminated against you?  Yes  No  
If no, when did your employment end? \_\_\_\_\_ (month, day, year)  
If no, how did your employment end?  
 Terminated  Voluntary Quit  Forced to Quit/Retire

-----SECTION 3 • RESPONDENT INFORMATION-----

7. What is the full legal name of the organization that discriminated against you?  
[This organization will be charged with discrimination and given a copy of your complaint.]  
State of Iowa - Iowa Correctional Institution for Women  
Address: 420 Mills St. SW  
City: Mitchellville County: Polk State: IA  
Zip Code: 50169 Telephone #: (515) 725 - 5042  
AND:  
Wellmark Blue Cross and Blue Shield  
Address: 1331 Grand Ave.  
City: Des Moines County: Polk State: IA  
Zip Code: 50306-9232 Telephone #: (515) 376 - 4500

8. If the organization listed in #7 has a parent organization or corporate office, list it here.  
[This organization will also be charged with discrimination and given a copy of your complaint.]  
State of Iowa - Department of Administrative Services  
Address: 109 SE 13th St.  
City: Des Moines State: IA  
Zip Code: 50318 Telephone #: (515) 281 - 7260

9. Provide the address of the location where the discrimination occurred:  
420 Mill St. SW, Mitchellville, IA 50169
10. If you are claiming harassment, identify the individual(s) who harassed you. These individuals will be charged with discrimination and will be given a copy of your complaint.  
*Note: Individuals cannot be named as respondents in complaints in the Area of Education*



Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work or Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work or Home Address: \_\_\_\_\_

If more than two individuals, please list by name, job title, and address on an attached piece of paper.

11. If Employment is the Area, indicate approximate number of ALL employees (full-time and part-time) at ALL employer locations nationwide (REQUIRED):

4-14     15-19     20-100     101-200     201-500     500+

-----SECTION 4 • BRIEF SUMMARY OF ALLEGATIONS-----

Please describe what happened to you. State how you were discriminated against. What happened? When did it happen? Be sure to address each Action you checked on page one and each Basis you addressed on page two. *[Please read the instruction sheet before writing your brief summary.]*

I am a man. I am also transgender, having been assigned the female sex at birth, but knowing since I was 7 years old that I am male. I started using a traditionally male name in about the third grade. Since 2000, I have presented as male in the way I dress and have my hair cut.

I was diagnosed with gender dysphoria in March 2014. I experience depression and anxiety as a result of the gender dysphoria. As part of my medical treatment for gender dysphoria, which I began in March 2014, my healthcare provider advised me to socially transition to living full-time as male in every aspect of my life. In November 2014, my medical provider prescribed hormone therapy as additional treatment for my gender dysphoria. I have taken this medication continuously since then. Since the early summer of 2015, I have asked others outside of my workplace to use male pronouns when speaking to or about me. By mid-2015, I began using men's restrooms in public places and have used them consistently ever since then. I have legally changed my name to reflect my male gender identity. Since my legal name change, I have also asked that my co-workers use male pronouns when speaking to or about me.

I am a staff nurse at the Iowa Correctional Institution for Women (ICIW), where I have worked for seven years. My employer provides separate restrooms and locker rooms for men and women to use. In approximately March 2014, I notified my employer that I soon would move forward with my social transition from female to male at work and asked that they consider establishing policies regarding restroom and locker room use and related issues affecting transgender employees. In October 2015, I asked my supervisor, Kerri Friedhof, if I could begin using the male restrooms and locker rooms. She asked that I wait a little while longer until we had a meeting about my use of the male restrooms and locker rooms. Despite having been on notice of my transition for over a year, ICIW had not taken any steps to develop policies or a

plan for me and other transgender employees to have equal access to single-sex spaces, such as restrooms and locker rooms, consistent with our gender identity.

In early November, 2015, I met with the warden, Patti Wachtendorf, the medical director, Dr. Harbans Deol, and my union representative, Todd Givens, to discuss my request to use the male restrooms and locker rooms consistent with my gender and as an accommodation for my disability, as well as the need for ICIW to develop a policy for transgender employees. Dr. Deol said they were denying my request because they were concerned about the "rights of the male officers." In doing so, they have discriminated against me on the basis of my gender identity, sex, and disability. Moreover, requiring me to use restrooms and locker rooms that do not fit my gender greatly aggravates my disability, gender dysphoria (including anxiety and depression), while providing the accommodations I requested would not burden my employer.

My employer's discriminatory decision also denies me equal access to shower facilities altogether. Given the nature of my work at the prison, from time to time the denial of my request can be expected to cause me physical discomfort or risk. For example, on April 7, 2016, following a chemical agent training in which I and other staff members were sprayed with pepper spray, all staff were allowed to shower immediately afterward to remove the chemical agent. Because my employer has denied me access to the men's shower facilities made available to other male employees, I could not shower to remove the chemical agent until I got home. As a result, I had to seek medical treatment for painful headaches, which continued for approximately seven days after the training.

A few weeks after our early November, 2015 meeting, my supervisor, Ms. Friedhof informed me that ICIW was in the process of drafting a permanent policy to address transgender employee issues. However, on approximately April 19, 2016, Ms. Friedhof notified me that, according to Warden Wachtendorf, my employer had made the final decision that it would not develop a policy for transgender employees and would not allow me to use the men's restrooms and locker rooms. She said that the reason for the decision was that transgender issues were "too controversial" due to the recent media attention.

Additionally, the physician who treats my gender dysphoria has prescribed surgery as medically necessary treatment for my gender dysphoria. I have requested that my employer-sponsored medical insurance provider, Wellmark Blue Cross, pre-certify that it will provide insurance coverage for my surgery. However, Wellmark has refused to cover my medically-necessary surgery because I am transgender and because the treatment is for gender dysphoria. In contrast, Wellmark provides insurance coverage for the same surgical procedure for non-transgender patients and for medical conditions other than gender dysphoria. With the assistance of my physician, Dr. Joe Freund, I appealed the denial with Wellmark. On November 23, 2015, Wellmark issued its final internal denial of coverage, based on the medical coverage my employer provides. The relevant coverage language is found on page 23 of the State of Iowa Blue Access Benefit Booklet, "Not covered: Gender reassignment surgery." I have also had to pay certain medical expenses out-of-pocket because they are related to gender dysphoria, while Wellmark would have covered these expenses had they been related to a non-transgender diagnosis. My employer and its insurance provider have discriminated against me on the basis of



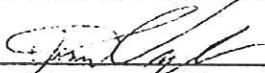
my gender identity, sex, and disability by denying me medically necessary treatment made available to non-transgender employees for medical conditions other than gender dysphoria.

Respondents have, for reasons set forth in more detail above, violated my rights to equal protection under Article 1, sections 1 and 6, of the Iowa Constitution by denying me access to male restrooms and locker rooms and insurance coverage for medically necessary surgery and other medical treatment because of my sex and gender identity, and by failing to show that denying me access to these male facilities and denying me this medically necessary medical care is the least restrictive alternative to further a compelling or an important government interest.

By violating my Constitutional right to equal protection, my employer and Wellmark have discriminated against me based on my sex and gender identity in violation of the Iowa Civil Rights Act.

In addition, I raise in this Complaint an independent equal protection claim under Article 1, sections 1 and 6 of the Iowa Constitution to preserve it for consideration before the District Court.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa and the laws of the United States of America that the preceding charge is true and correct.

X  \_\_\_\_\_  
Signature of Complainant (REQUIRED)

7/18/16  
Date

It is not necessary that you provide any additional documentation at this time. Be aware that any additional documentation provided with your complaint form will be sent out to all named parties along with this form. An opportunity to provide additional documentation will be given at a later time if/when the complaint is accepted by the ICRC.