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## Discrimination/Harassment Complaint Form

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**PLEASE READ BEFORE COMPLETION OF FORM**

Any complaint of discrimination/harassment is considered confidential data under Minnesota Statute 13.39, Subd. 1 and 2. This information is being collected for the purpose of determining whether discrimination/harassment has occurred. You are not legally required to provide this information, but without it, an investigation cannot be conducted. This information may only be released to the Affirmative Action Officer or designee, the complainant, the respondent and appropriate personnel.

Date: \_\_\_\_\_

**Name of COMPLAINANT:** \_\_\_\_\_  
*(If more than one complainant, complete intake form for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: (work) \_\_\_\_\_  
(home/cell) \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

TYPE OF COMPLAINT:  DISCRIMINATION  HARASSMENT  RETALIATION

I WAS DISCRIMINATED/HARASSED/RETALIATED AGAINST ON THE BASIS OF MY:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Race                                       | <input type="checkbox"/> Color  | <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Gender Identity   |
| <input type="checkbox"/> Sex (Gender)                               | <input type="checkbox"/> Creed  | <input type="checkbox"/> National Origin    | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Age  | <input type="checkbox"/> Disability                                   | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Status with Regard to<br>Public Assistance | <input type="checkbox"/> Membership/Activity in a<br>Local Commission |   |  |

**I believe I was discriminated/harassed/retaliated against by:**

**Name of RESPONDENT:** \_\_\_\_\_  
*(If more than one respondent, list complete information for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: (work) \_\_\_\_\_  
(home/cell) \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

**Name of RESPONDENT #2:** \_\_\_\_\_  
*(If more than one respondent, list complete information for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: (work) \_\_\_\_\_  
(home/cell) \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

**Name of RESPONDENT #3:** \_\_\_\_\_  
*(If more than one respondent, list complete information for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: (work) \_\_\_\_\_  
(home/cell) \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

**Name of RESPONDENT #4:** \_\_\_\_\_  
*(If more than one respondent, list complete information for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: (work) \_\_\_\_\_  
(home/cell) \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

**EXPLAIN YOUR COMPLAINT IN DETAIL. INCLUDE THE FOLLOWING INFORMATION. ADD ADDITIONAL PAGES IF NECESSARY. ATTACH DOCUMENTS YOU BELIEVE MAY BE HELPFUL IN INVESTIGATING YOUR COMPLAINT.**

1. Describe the specific incident(s) of discrimination/harassment/retaliation. List times, dates, locations, names and titles of the people involved in the incident(s).
  2. Explain why you believe that you were discriminated/harassed/retaliated against because of your protected class status (race, age, gender, disability, etc).
  3. Provide the names and titles of people you believe were treated more favorably than you due to your protected class status. List the protected class status (race, age, gender, disability, etc.) of each person.
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**LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT.  
ADD ADDITIONAL PAGES IF NECESSARY.**

**Name of Witness #1:** \_\_\_\_\_  
*(If more than one respondent, list complete information for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

What information can this witness provide?

**Name of Witness #2:** \_\_\_\_\_  
*(If more than one respondent, list complete information for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

What information can this witness provide?

**Name of Witness #3:** \_\_\_\_\_  
*(If more than one respondent, list complete information for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

What information can this witness provide?

**LIST DOCUMENTS YOU BELIEVE MAY HELP IN INVESTIGATING YOUR COMPLAINT. PROVIDE THE NAME, DATE AND EXPLANATION OF THE CONTENTS OF EACH DOCUMENT. ADD MORE PAGES IF NECESSARY.**

**NAME OF DOCUMENT #1:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **EXPLANATION ON CONTENTS:** \_\_\_\_\_

**NAME OF DOCUMENT #2:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **EXPLANATION ON CONTENTS:** \_\_\_\_\_

**NAME OF DOCUMENT #3:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **EXPLANATION ON CONTENTS:** \_\_\_\_\_

**This complaint is being filed on my honest believe that the State of Minnesota has discriminated against or harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.**

<b>Signatures</b>	
<b>Complainant Signature</b>	<b>Date</b>
<b>Affirmative Action Officer Signature</b>	<b>Date</b>