

Minnesota State Colleges and Universities Discrimination/Harassment Complaint Form

Date: _____

Name of COMPLAINANT: _____

(if more than one complainant, complete intake form for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

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"/> Age | <input type="checkbox"/> Reliance on Public Assistance |
| <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Religion | <input type="checkbox"/> Membership/Activity in Local Commission |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | |

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: _____

Phone: (work) _____ (home) _____

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: _____
Phone: (work) _____ (home) _____
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: _____
Phone: (work) _____ (home) _____
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: _____
Phone: (work) _____ (home) _____
Status: Student Faculty Staff Administrator External/Non-Campus

LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT.
ADD ADDITIONAL PAGES IF NECESSARY.

Name of WITNESS #1: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

What information can this witness provide? _____

Name of WITNESS #2: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

What information can this witness provide? _____

Name of WITNESS #3: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

What information can this witness provide? _____
