

**GRIEVANCE REPORT FORM
DISCRIMINATION IN EDUCATION OR EMPLOYMENT, HARASSMENT,
RELIGIOUS OBSERVANCES OR VIOLENCE REPORT FORM**

The Minnesota State Colleges and Universities (MnSCU) System is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or student access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, gender identity, gender expression or membership or activity in a local commission as defined by law. **The ATC contact person for all claims of discrimination in employment or in education, violence, or harassment is Jay Nelson, Interim Chief Human Resources Officer, located in the Human Resources office 164C or by calling 763-576-4773.**

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date of Alleged Incident(s)

Name of person you believe violated this policy against you or another person.

If the alleged discrimination was toward another person, identify that person.

Describe the incident(s) as clearly as possible. Attach additional pages if necessary.

Under what circumstances did the incident(s) occur?

List any persons who may have witnessed the incident:

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.

(Complainant Signature) (Date)

Received by _____ Date: _____