

Sexual Violence/Sexual Assault Complaint

If this is an emergency, please call 911.

Please provide as much information as you can in the 'Description of Incident' section regarding the concern you are reporting. Once the form is received, the appropriate staff will review the report and take action as necessary, which may include contacting you, the person reported, and any witnesses you have identified.

The information you have provided, including the identity of the individual of concern, will be kept confidential whenever possible. While we do everything we can to preserve your anonymity, we cannot promise complete confidentiality

Submitted reports are processed during normal business hours. They are not monitored after hours, on weekends, or on holidays. For immediate concerns about a student, call Safety and Security at 612-817-4585.

Background Information								
Your full name:								
Check one: Student	Employee	Other						

Phone numb	oer:				
Email addre	ss:				
Date of Incid	dent:			_Time of Incident:	
Location of I	Incident:				
Involved Pa	arties				
Full Name: _					
Gender	Male	Fem	ale	Other	
Offender	Vic	tim	Witness	;	
Student Tec	h ID (if avai	lable): _			
Phone numb	oer:				
Email Addre	ess:				

Incident Description: Please provide a detailed description of the incident/concern using specific concise, objective language (Who, what, where, when, why, and how). Please be professional, accurate and factual. Observations and facts are more useful than characterizations or labels.

To submit your complaint, please contact:

Students:

Thom Nordin
Dean of Community Partnerships and Student Success
Deputy Title IX Coordinator
Phone 763-433-1424

email: thom.nordin@anokatech.edu

Employees: Jay Nelson Senior Human Resource Officer 763-576-4054

email: jnelson@anokatech.edu