



## Discrimination/Harassment Complaint Form

### Please Read Before Completion of Form

Any complaint of harassment/discrimination is considered confidential data under Minnesota Statute 13.39, Subd. 1 and 2. This information is being collected for the purpose of determining whether harassment/discrimination 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 Discrimination/Harassment Officer 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: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Sex:  Male  Female

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 | <input type="checkbox"/> Status as a U.S. Veteran                |

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) \_\_\_\_\_

Sex:  Male  Female

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) \_\_\_\_\_

Sex:  Male  Female

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) \_\_\_\_\_

Sex:  Male  Female

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? \_\_\_\_\_



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 OF CONTENTS: \_\_\_\_\_

Multiple horizontal lines for writing the explanation of contents for Document #1.

NAME OF DOCUMENT #2: \_\_\_\_\_

DATE: \_\_\_\_\_ EXPLANATION OF CONTENTS: \_\_\_\_\_

Multiple horizontal lines for writing the explanation of contents for Document #2.

Additional witnesses may be listed on a separate sheet attached to this form.

This complaint is being filed on my honest belief that the State of Minnesota has harassed/discriminated against 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.	
Complainant Signature	Date

Submit this form to the Discrimination/Harassment Complaints Officer, Tam Bukowski at [tamzinb@alextech.edu](mailto:tamzinb@alextech.edu), 320-762-4415, located in the Safety Office in Room 108 of the Main Building at Alexandria Technical & Community College.

Discrimination/Harassment Officer Signature	Date
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