

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:	
Address (residence):	
City:State:Zip:	
Phone: (work)(home)	
Sex: Male Female	
Status: Student State Stafe Administrator External/Non-Campus	

TYPE OF COMPLAINT: $\hfill \square$ DISCRIMINATION $\hfill \square$ HARASSMENT $\hfill \square$ RETALIATION

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

- \Box Race
- \Box Sex
- \Box Color

□ Gender Identity

□ Disability□ Religion

□ National Origin

 \Box Age

- Gender Expression
- \Box Reliance on Public Assistance
- □ Sexual Orientation
- □ Marital Status
- □ Membership/Activity in Local Commission
- □ Status as a U.S. Veteran



I believe I was discriminated/harassed/retaliated against by:					
Name of RESPONDENT:					
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:					
Name of RESPONDENT #2:					
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					



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.



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 (residence):		
City:	State:Zip:	
Phone: (work)	(home)	
What information can this witne	ss provide?	
Name of writtless $\pi 2$.	(if more than one witness, list complete information for each)	
Address (local):		
Address (residence):		
City:	Zip:	
Phone: (work)	(home)	
What information can this witne	ss provide?	
Name of w11NESS #3:	(if more than one witness, list complete information for each)	
Address (residence):		
City:	Zip:	
Phone: (work)	(home)	
What information can this witne	ss 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:
NAME OF DOCUMENT #2:	
DATE:	EXPLANATION OF CONTENTS:

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 located in the Safety Office in Room 108 of the Main Building at Alexandria Technical & Community College.

Discrimination/Harassment Officer Signature	Date