

**SEXUAL VIOLENCE COMPLAINT FORM**

This form is intended for use by students, employees, faculty, vendors, visitors or other concerned parties to informally or anonymously report specific information related to incident(s) of sexual misconduct, dating/relationship violence and/or stalking.

If you wish to identify yourself, please fill in the information listed below. If the person completing this form is the victim/survivor, you may choose to identify yourself or not. If you are a third party who is not the victim, please indicate the name of the victim and contact information below.

Date Filed: Date of Alleged incident:

Name:

Check one: \_\_\_\_\_\_ Student \_\_\_\_\_\_Employee \_\_\_\_\_\_Other:

**Contact Information**

Phone: Email:

Home Address:

Campus:

**Contact information of victim if not self-reporting:**

Phone: Email:

Home Address:

Campus:

**Name of Individual(s) you believe engaged in violence toward you:**

**List any witnesses:**

**List any others with knowledge of the incident(s):**

**Description of Complaint:**

Please list the sequence of events, including dates, if possible, along with any relevant facts, statements and/or evidence currently known to you.

Return form to Carmen Bradach, VP of Human Resources at carmen.bradach@minnesotanorth.edu

Or mail to:

Minnesota North College

Attn: Carmen Bradach

1001 West Chestnut Street

Virginia, MN 55792

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