



Discrimination/Harassment Complaint Form

PLEASE READ THIS BEFORE FILLING OUT THIS 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 an inquiry and/or investigation.			
COMPLAINANT (one alleging discrimination)			
Please fill in requested information and check the appropriate boxes.			
Name	Name of advocate (if desired).	Student	
Address		Applicant	
		Staff	
	In consideration of confidentiality please list how the complainant would like to be contacted by the designated officer.		
College Telephone Number	Home Telephone Number		
Supervisor (if appropriate)	Job Title(if appropriate)		
RESPONDENT (one charged with discrimination)			
Please fill in requested information and check the appropriate boxes. (If known)			
Name			
Address		Student	
		Staff	
		Applicant	
College Telephone Number(if known)	Home Telephone Number(if known)		
Supervisor (if known)	Job Title(if known)		
THE COMPLAINT (the alleged incident)			
Please check the appropriate box.			
The complainant feels she/he was discriminated/harassed on the basis of:			
<input type="checkbox"/> Race	<input type="checkbox"/> Gender	<input type="checkbox"/> Disability	
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> Creed	<input type="checkbox"/> Status w/ regard to public assistance	<input type="checkbox"/> Membership or activity in local commission	
<input type="checkbox"/> Religion	<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status	
The complainant feels she/he experienced:			
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retaliation	

INFORMATION REGARDING INCIDENT(S)

Date of incident:	Location of incident:
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Please give a detailed description of incident(s) (what happened, names, dates, locations, etc.)

USE ADDITIONAL PAPER IF NEEDED

If there were Witnesses present, please list their name and addresses if known.

NAME	ADDRESS	TELEPHONE

All the information I have given in this complaint is my honest recollection of the incident(s)

Complainant's Signature	Date:
College Representative's Signature	Date