### Minnesota State Colleges and Universities
**Discrimination/Harassment Complaint Form**

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/RETAILED AGAINST ON THE BASIS OF MY:

- □ Race
- □ Sex
- □ Color
- □ Creed
- □ Gender Identity
- □ Age
- □ National Origin
- □ Disability
- □ Religion
- □ Gender Expression
- □ Reliance on Public Assistance
- □ Sexual Orientation
- □ Marital Status
- □ Membership/Activity in Local Commission

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

Name of RESPONDENT #4: ______________________________________________________
(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/restitution. 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/retiliated 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.

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<thead>
<tr>
<th>Name of WITNESS #1:</th>
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<td>City:</td>
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<td>Phone: (work)</td>
<td>(home) ___________________________</td>
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<td>What information can this witness provide?</td>
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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: _______________________________
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DATE: _________________________ EXPLANATION OF CONTENTS: _______________________________
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DATE: _________________________ EXPLANATION OF CONTENTS: _______________________________
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