

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 Transgender/Gender Nonconforming Other: _____

Status: Student Faculty 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 | |

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT: _____
(if more than one complainant, complete intake form for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

Status: Student Faculty Administrator External / Non-Campus

REASONABLE ACCOMMODATIONS

If you need accommodations for your meeting with EOD, contact:

- ❖ Students: Disability Services, 651-793-1549(voice) or 651-772-7687(TTY).
- ❖ Staff, Faculty: Human Resources, 651-793-1275(voice).

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT #2: _____
(if more than one complainant, complete intake form for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

Status: Student Faculty Administrator External / Non-Campus

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT #3: _____
(if more than one complainant, complete intake form for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

Status: Student Faculty Administrator External / Non-Campus

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT #4: _____
(if more than one complainant, complete intake form for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

Status: Student Faculty 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 complainant, complete intake form 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 complainant, complete intake form 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 complainant, complete intake form 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: _____

NAME OF DOCUMENT #2: _____
DATE: _____ EXPLANATION OF CONTENTS: _____

NAME OF DOCUMENT #3: _____
DATE: _____ EXPLANATION OF CONTENTS: _____

Please return completed form and supporting documents to:

**Equal Opportunity and Diversity Office
Metropolitan State University
Founders Hall Rm. 315
Saint Paul, MN 55106-5000
Fax: 652-793-1274
Telephone: 651-793-1270**