

Discrimination/Harassment Complaint Form

Date: _____

| Name of COMPLAINANT: | (if more than one complainant, c | omplete intake form for each) | |
|--|--|-------------------------------|--|
| Address (local): | | | |
| Address (residence): | | | |
| City: | | | |
| Phone: (work) | (home) | | |
| Sex: | | | |
| | | | |
| TYPE OF COMPLAINT: DISCRIMINA | TION HARASSME | ENT RETALIATION | |
| I WAS DISCRIMINATED/HARASSED/RET | CALIATED AGAINST ON | N THE BASIS OF MY: | |
| | Reliance on Public Assi Sexual Orientation Marital Status Membership/Activity in | | |
| Gender Identity Gender Expression | _ iviemoersimp/rectivity in | Local Commission | |
| I believe I was discriminated/harassed/retaliate | ed against by: | | |
| Name of RESPONDENT:(if n | nore than one complainant, complete | intake form for each) | |
| Address (local): | | | |
| Address (residence): | | | |
| City: | State: | Zip: | |
| Phone: (work) | (home) | | |
| Status: Student Faculty Admini | strator | n-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 RESPONDE | ENT #2: | | | |
| | (if more than one complainant, complete intake form for each) | | | |
| | | | | |
| | State: | | | |
| | (home) | | | |
| | ☐ Faculty ☐ Administrator ☐ External / Non-Campus | | | |
| | | | | |
| I believe I was discrin | minated/harassed/retaliated against by: | | | |
| Name of RESPONDE | ENT #3: | | | |
| | (if more than one complainant, complete intake form for each) | | | |
| | | | | |
| | State: | | | |
| | (home) | | | |
| Status: Student Faculty Administrator External / Non-Campus | | | | |
| | | | | |
| I believe I was discriminated/harassed/retaliated against by: | | | | |
| Name of RESPONDE | ENT #4: | | | |
| | | | | |
| | | | | |
| City: | State: | Zip: | | |
| Phone: (work) | (home) | | | |
| Status: Student | ☐ Faculty ☐ 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).
- Explain why you believe that you were discriminated/harassed/retaliated against because of your protected class status (race, age, gender, disability, etc.).
 Provide the names and titles of people you believe were treated more favorably then you due to your.

| protected class status. List the protected class status (race, age, gender | disability, etc.) of each person. |
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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 inta | ke form for each) |
|--|--|-------------------|
| Address (local): | | |
| Address (residence): | | |
| City: | | |
| Phone: (work) | (home) | |
| What information can this witness prov | vide? | |
| · | | |
| | | |
| Name of WITNESS #2 | | |
| Name of WITNESS #2: | | |
| Address (local): | | |
| Address (residence): | | |
| City: | State: | Zip: |
| Phone: (work) | (home) | |
| What information can this witness prov | | |
| | | |
| | | |
| N CMUTNIEGG #2. | _ | _ |
| Name of WITNESS #3: | (if more than one complainant, complete inta | ke form for each) |
| Address (local): | | |
| Address (residence): | | |
| City: | State: | Zip: |
| Phone: (work) | (home) | |
| What information can this witness prov | vide? | |
| | | |
| | | |

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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| NAME OF DOCUMENT #2: | TWO ANA TRONG OF GOVERNING |
| DATE: | EXPLANATION OF CONTENTS: |
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| NAME OF DOCUMENT #3: | |
| DATE: | EXPLANATION OF CONTENTS: |
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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