

Discrimination/Harassment Complaint Form

Date:

Name of COMPLAINANT:	ore than one complainant, complete intake form f	or each)
Address (local):		
Address (residence):		
City:	State:	_ Zip:
Phone: (work)	(home)	
Sex: Male Female Transgender/O Status: Student Faculty Administrator		:
TYPE OF COMPLAINT: DISCRIMINATION	HARASSMENT RET	ALIATION
I WAS DISCRIMINATED/HARASSED/RETALIATED AGAINST ON THE BASIS OF MY:		
Sex National Origin Sex Color Disability Mar	iance on Public Assistance ual Orientation rital Status mbership/Activity in Local Commis	sion
I believe I was discriminated/harassed/retaliated aga	inst by:	
Name of RESPONDENT:		
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:	for each)
Address (local):	
Address (residence):	
City: State:	Zip:
Phone: (work) (home)	
Status: Student Faculty Administrator External / Non-Can	npus
I believe I was discriminated/harassed/retaliated against by:	
Name of RESPONDENT #3:	for each)
Address (local):	
Address (residence):	
City: State:	Zip:
Phone: (work) (home)	
Status: Student Faculty Administrator External / Non-Can	npus
I believe I was discriminated/harassed/retaliated against by:	
Name of RESPONDENT #4:	for each)
Address (local):	
Address (residence):	
City: State:	Zip:
Phone: (work) (home)	
Status: Student Faculty Administrator External / Non-Can	npus

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).
- 2. Explain why you believe that you were discriminated/harassed/retaliated 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.

Name of WITNESS #1:		
City:		
Phone: (work)	(home)	
What information can this witness provide?		
Name of WITNESS #2:	one complainant complete intake form for each	
Address (local):	· · · · · · · · · · · · · · · · · · ·	
Address (residence):		
City:		
Phone: (work)	(home)	
What information can this witness provide?		
Name of WITNESS #3:	n one complainant, complete intake form for each	0

State:	Zip:	
(home)		
	State:	State: Zip:

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.

DATE:	EXPLANATION OF CONTENTS:
NAME OF DOCUMENT #2.	
DATE:	EXPLANATION OF CONTENTS:
NAME OF DOCUMENT #3:	EXPLANATION OF CONTENTS:
DATE:	EXPLANATION OF CONTENTS:

Please return completed form and supporting documents to:

Office of Equity and Inclusion Metro State University Founders Hall Rm. 318 700 East 7th Street Saint Paul, MN 55106-5000 OEI@metrostate.edu TitleIX@metrostate.edu Fax: 652-793-1274 Telephone: 651-793-1270