



Office of Affirmative Action
 Minnesota State University, Mankato
 1B.1 Complaint of Discrimination

Date: _____

Name of Complainant:	Phone: ()
Address:	
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> External/non-campus	

I feel discriminated against because of my:

- | | | |
|---|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> National Origin | <input type="checkbox"/> Status Due to Reliance on Public Assistance |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Creed | |

Type of Complaint: Discrimination Harassment Retaliation

I feel that I was discriminated/harassed/retaliated against by: *(If more than one respondent, list information for each one.)*

Name of Respondent (#1):	Phone: ()
Address:	
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> External/non-campus	

Name of Respondent (#2):	Phone: ()
Address:	
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> External/non-campus	

(Add additional pages if necessary.)

Please list potential witnesses you believe posses information about your complaint.

Name of Witness (#1):	Phone: ()
Address:	
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> External/non-campus	

Name of Witness (#2):	Phone: ()
Address:	
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> External/non-campus	

Please list any documents you believe may help in investigating your complaint.

Document (#1): _____

Date: _____

Explanation of Contents: _____

Document (#2): _____

Date: _____

Explanation of Contents: _____

Document (#3): _____

Date: _____

Explanation of Contents: _____
