



**Office of Equal Opportunity & Title IX**  
**Minnesota State University, Mankato**  
**Complaint of Discrimination/Harassment/Sexual Violence**

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	

Type of Complaint:     Discrimination     Harassment     Retaliation

I feel that I was discriminated/harassed/retaliated 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 with Regard to Public Assistance                   |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression   |
| <input type="checkbox"/> Familial Status    | <input type="checkbox"/> Creed           | <input type="checkbox"/> Membership or Activity in a Local Human Rights Commission |

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 possess 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	
What information can this witness provide? _____	

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	
What information can this witness provide? _____	

Please explain your complaint in detail.

- (a) Describe the specific incident(s) of alleged discrimination, harassment, and/or retaliation. List times, dates, location, names and titles of the people involved in the incident(s).
- (b) State the specific reason(s) why you believe you were discriminated/harassed/retaliated against because of your protected class status (e.g., race, sex, age, disability, etc.).
- (c) 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.

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