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

Date: ____________________

Name of Complainant: ____________________
Phone: ( )

Address: ____________________
City, State, Zip: ____________________

Gender: □ Male □ Female
Status: □ Student □ Faculty □ Staff □ Administrator □ External/non-campus

Type of Complaint: □ Discrimination □ Harassment □ Retaliation

I feel that I was discriminated/harassed/retaliated against because of my:
□ Race □ Sex □ Religion
□ Age □ Color □ Marital Status
□ Disability □ National Origin □ Status with Regard to Public Assistance
□ Sexual Orientation □ Gender Identity □ Gender Expression
□ Creed

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: □ Male □ Female
Status: □ Student □ Faculty □ Staff □ Administrator □ External/non-campus

Name of Respondent (#2): ____________________
Phone: ( )

Address: ____________________
City, State, Zip: ____________________

Gender: □ Male □ Female
Status: □ Student □ Faculty □ Staff □ Administrator □ External/non-campus

(Add additional pages if necessary.)
Please list potential witnesses you believe possess information about your complaint.

<table>
<thead>
<tr>
<th>Name of Witness (#1):</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Student, Faculty, Staff, Administrator, External/non-campus</td>
<td></td>
</tr>
<tr>
<td>Status:</td>
<td></td>
</tr>
<tr>
<td>Gender: Male, Female</td>
<td></td>
</tr>
</tbody>
</table>

What information can this witness provide? ___________________________________________
______________________________________________________________________________

<table>
<thead>
<tr>
<th>Name of Witness (#2):</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Student, Faculty, Staff, Administrator, External/non-campus</td>
<td></td>
</tr>
<tr>
<td>Status:</td>
<td></td>
</tr>
<tr>
<td>Gender: Male, Female</td>
<td></td>
</tr>
</tbody>
</table>

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.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
If any, please attach documentation that you believe may be helpful in investigating this complaint.

I certify that the above statements are true and correct.

___________________________________________
Complainant Signature