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

Date: 

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

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 Due to Reliance on Public Assistance
□ Sexual Orientation  □ Creed

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

<table>
<thead>
<tr>
<th>Name of Respondent (#1):</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
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<table>
<thead>
<tr>
<th>Name of Respondent (#2):</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
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</table>

*(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: ☐ Male ☐ Female
Status: ☐ Student ☐ Faculty ☐ Staff ☐ Administrator ☐ External/non-campus

Name of Witness (#2): ___________________________ Phone: (____) ___________________________
Address: ___________________________
City, State, Zip: ___________________________ Gender: ☐ Male ☐ Female
Status: ☐ Student ☐ Faculty ☐ Staff ☐ Administrator ☐ 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: ____________________________________________________________

__________________________________________________________
Please explain your complaint in detail. Include incidents/reason(s) you wish to report, describing any other incidents, which preceded it that bear on the same problem. Attach additional pages if necessary. If any, please attach any documentation that you have indicated above that you believe may be helpful in investigating this complaint.

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

State briefly your desired resolution to the problem:

________________________________________

________________________________________

________________________________________

________________________________________

I certify that the above statements are true and correct.

________________________________________

Complainant Signature