

ST. CLOUD TECHNICAL AND COMMUNITY COLLEGE  
DISCRIMINATION/HARASSMENT  
COMPLAINT FORM

Date:

**Name of COMPLAINANT:**  
*(If more than one complainant, complete intake form for each)*

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: [work] \_\_\_\_\_  
[home] \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

TYPE OF COMPLAINT:  DISCRIMINATION  HARASSMENT  RETALIATION

I WAS DISCRIMINATED/HARASSED/RETALIATED AGAINST ON THE BASIS OF MY:

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Race     | <input type="checkbox"/> Age                 | <input type="checkbox"/> Reliance on Public Assistance           |
| <input type="checkbox"/> Sex      | <input type="checkbox"/> National Origin     | <input type="checkbox"/> Sexual Orientation                      |
| <input type="checkbox"/> Color    | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Veteran's Status                        |
| <input type="checkbox"/> Creed    | <input type="checkbox"/> Mental Disability   | <input type="checkbox"/> Membership/Activity in Local Commission |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status      |  |

To report instances of discrimination or harassment submit this completed form to one of these designated officers:

Nondiscrimination Coordinator: Students	Nondiscrimination Coordinator: Employees
<b>Missy Majerus</b> Title IX Coordinator Office: 1-401 <a href="mailto:mmajerus@sctcc.edu">mmajerus@sctcc.edu</a> Phone: (320) 308-5922 or (800) 222-1009	<b>Deb Holstad</b> Human Resources Director Office: 1-403C <a href="mailto:dholstad@sctcc.edu">dholstad@sctcc.edu</a> Phone: 320-308-3227 or (800) 222-1009

**I believe I was discriminated/harassed/retaliated against by:**

**Name of RESPONDENT:**

*(If more than one respondent, list complete information for each)*

Address (local):

Address (residence):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: [work] \_\_\_\_\_  
[home] \_\_\_\_\_

Status:  Student  Faculty  Staff  Administrator  External/Non-Campus

**Name of RESPONDENT #2:**

*(If more than one respondent, list complete information for each)*

Address (local):

Address (residence):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: [work] \_\_\_\_\_  
[home] \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

**Name of RESPONDENT #3:**

*(If more than one respondent, list complete information for each)*

Address (local):

Address (residence):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Phone: [work] \_\_\_\_\_  
[home] \_\_\_\_\_

Status:  
 Student  Faculty  Staff  Administrator  External/Non-Campus

**Name of RESPONDENT #4:**

*(If more than one respondent, list complete information for each)*

Address (local):

Address (residence):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female

Phone: [work] \_\_\_\_\_  
[home] \_\_\_\_\_

Status:

Student  Faculty  Staff  Administrator  External/Non-Campus

**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:**

*(If more than one respondent, list complete information for each)*

Address (local):

Address (residence):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Work hours \_\_\_\_\_

What information can this witness provide?

**Name of Witness #2:**

*(If more than one respondent, list complete information for each)*

Address (local):

Address (residence):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Work hours \_\_\_\_\_

What information can this witness provide?

**Name of Witness #3:**

*(If more than one respondent, list complete information for each)*

Address (local):

Address (residence):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Work hours \_\_\_\_\_

What information can this witness provide?

**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.**

**NAME OF DOCUMENT #1:**

**DATE: \_\_\_\_\_ . EXPLANATION OF CONTENTS:**

**NAME OF DOCUMENT #2:**

**DATE: \_\_\_\_\_ . EXPLANATION OF CONTENTS:**

**NAME OF DOCUMENT #3:**

**DATE: \_\_\_\_\_ . EXPLANATION OF CONTENTS:**