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:

□ Race □ Sex □ Color □ Creed □ Religion
□ Age □ National Origin □ Physical Disability □ Mental Disability □ Marital Status
□ Reliance on Public Assistance □ Sexual Orientation □ Veteran’s Status □ Membership/Activity in Local Commission

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

Nondiscrimination Coordinator: Students
Missy Majerus
Title IX Coordinator
Office: 1-401
mmajerus@sctcc.edu
Phone: (320) 308-5922
or (800) 222-1009

Nondiscrimination Coordinator: Employees
Deb Holstad
Human Resources Director
Office: 1-403C
dholstad@sctcc.edu
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.**

<table>
<thead>
<tr>
<th>Name of Witness #1:</th>
<th>(If more than one respondent, list complete information for each)</th>
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<tbody>
<tr>
<td>Address (local):</td>
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<tr>
<td>Address (residence):</td>
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<tr>
<td>City:</td>
<td>State:             Zip:</td>
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<tr>
<td>Home phone</td>
<td>Work phone</td>
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<tr>
<td>Work hours</td>
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<tr>
<td>What information can this witness provide?</td>
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<tr>
<th>Name of Witness #2:</th>
<th>(If more than one respondent, list complete information for each)</th>
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<td>What information can this witness provide?</td>
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</tbody>
</table>
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: