St. Cloud Technical and Community College
Policies and Procedures
Chapter S1 – College Organization & Administration

S1.1 Nondiscrimination & Harassment Policy (MnSCU Policy 1B.1)

Update Revision Responsibility: Director of Human Resources

Refer to the Minnesota State Colleges and Universities website for the complete
Nondiscrimination & Harassment Policy - http://www.mnscu.edu/board/policy/1b01.html

Report or Complaint of Discrimination or Harassment:

Student Complaints – Missy Majerus, Director of Campus Life, office 1-401Y,
mmajerus@sctcc.edu, office phone: 320-308-5592

Employee Complaints – Deb Holstad, Human Resources Director, office
1-403C, DHolstad@sctcc.edu, office phone: 320-308-3227

Complaint forms may be obtained at https://intranet.sctc.edu/ then click on College Use Forms,
then Human Resources Forms or from the Human Resources Office, room 1-403.

College President: ___________________________ Date: ____________

Date of Adoption: ____________________________

Date of Implementation: _______________________

Date repealed or replaced: contact information updated 7/18/2016
St. Cloud Technical and Community College
Policies and Procedures
Chapter S1 – College Organization & Administration

S1.1.1 Report/Complaint of Discrimination and Harassment
Investigation & Resolution Procedure (MnSCU Policy 1B.1.1)

Refer to the Minnesota State Colleges and Universities website for the complete
Nondiscrimination & Harassment Policy Procedure -
http://www.mnscu.edu/board/procedure/1b01p1.html

Report or Complaint of Discrimination or Harassment:

Student Complaints – Missy Majerus, Director of Campus Life office 1-401 Y,
mmajerus@sctcc.edu, office phone: 320-308-5592

Employee Complaints – Deb Holstad, Human Resources Director, office
1-403C, DHolstad@sctcc.edu, office phone: 320-308-3227

Complaint forms may be obtained at https://intranet.sctc.edu/ then click on College Use Forms,
then Human Resources Forms or from the Human Resources Office, room 1-403.

College President: ____________________________ Date: ______/____/____

Date of Adoption: ____________________________ Date of Implementation: ____________________________

Date repealed or replaced: contact information updated 1/26/2016
St. Cloud Technical College  
Policies and Procedures  
Chapter S1 – College Organization & Administration  

S1.1.F1 Discrimination and Harassment Complaint Form

Date:  

Name of COMPLAINANT:  
(If more than one complainant, complete intake form for each)  
Address (local): Click here to enter text.  
Address (residence): Click here to enter text.  
City: Click here to enter text.  
State: Click here to enter text.  
Zip: Click here to enter text.  
Sex:  
[ ] Male  
[ ] Female  
Phone:  
[work] Click here to enter text.  
[home] Click here to enter text.  
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  
[ ] Age  
[ ] Reliance on Public Assistance  
[ ] Sex  
[ ] National Origin  
[ ] Sexual Orientation  
[ ] Color  
[ ] Physical Disability  
[ ] Veteran's Status  
[ ] Creed  
[ ] Mental Disability  
[ ] Membership/Activity in Local  
[ ] Religion  
[ ] Marital Status  
[ ] Commission

I believe I was discriminated/harassed/retaliated against by:  
Click here to enter text.

Name of RESPONDENT #1:  
(If more than one respondent, list complete information for each)  
Address (local): Click here to enter text.  
Address (residence): Click here to enter text.  
City: Click here to enter text.  
State: Click here to enter text.  
Zip: Click here to enter text.  
Sex:  
[ ] Male  
[ ] Female  
Phone:  
[work] Click here to enter text.  
[home] Click here to enter text.  
Status:  
[ ] Student  
[ ] Faculty  
[ ] Staff  
[ ] Administrator  
[ ] External/Non-Campus
### Name of RESPONDENT #2:
Click here to enter text.

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

Address (local): Click here to enter text.

Address (residence):
City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Sex: □ Male □ Female

Phone: [work] Click here to enter text. [home] Click here to enter text.

Status:
□ Student □ Faculty □ Staff □ Administrator □ External/Non-Campus

### Name of RESPONDENT #3:
Click here to enter text.

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

Address (local): Click here to enter text.

Address (residence):
City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Sex: □ Male □ Female

Phone: [work] Click here to enter text. [home] Click here to enter text.

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).
   Click here to enter text.

2. Explain why you believe that you were discriminated/harassed/retaliated against because of your protected class status (race, age, gender, disability, etc).
   Click here to enter text.

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.
   Click here to enter text.
List potential witnesses you believe possess information about your complaint. Add additional pages if necessary.

**Name of Witness #1:** Click here to enter text.

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

Address (local): Click here to enter text.

Address (residence): Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Home phone: Click here to enter text. Work phone: Click here to enter text.

Work hours: Click here to enter text.

What information can this witness provide? Click here to enter text.

**Name of Witness #2:** Click here to enter text.

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

Address (local): Click here to enter text.

Address (residence): Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Home phone: Click here to enter text. Work phone: Click here to enter text.

Work hours: Click here to enter text.

What information can this witness provide? Click here to enter text.

**Name of Witness #3:** Click here to enter text.

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

Address (local): Click here to enter text.

Address (residence): Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Home phone: Click here to enter text. Work phone: Click here to enter text.

Work hours: Click here to enter text.

What information can this witness provide? Click here to enter text.
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: Click here to enter text.
DATE: Click here to enter a date. EXPLANATION OF CONTENTS: Click here to enter text.

NAME OF DOCUMENT #2: Click here to enter text.
DATE: Click here to enter a date. EXPLANATION OF CONTENTS: Click here to enter text.

NAME OF DOCUMENT #3: Click here to enter text.
DATE: Click here to enter a date. EXPLANATION OF CONTENTS: Click here to enter text.

Faculty Senate President or AASC Chair: ___________________________ Date: __________
College President: ___________________________ Date: __________
Date of Adoption:
Date of Implementation:
Date repealed or replaced: April 14, 2009