St. Cloud Technical & community College Discrimination/Harassment Complaint Form

Date:

or (800) 222-1009

Name of COMPLAINANT: (If more than on	ne complainant, complete intake form for each)			
Address (local):				
Address (residence):				
City: State	:Zip:			
Sex:	Phone: [work] [home]			
Status: ☐ Student ☐ Faculty ☐ Staff ☐ Admi	inistrator □ External/Non-Campus			
TYPE OF COMPLAINT: DISCRIMINATION HARASSMENT RETALIATION				
I WAS DISCRIMINATED/HARASSED/RETALIATED AGAINST ON THE BASIS OF MY:				
□ Race □ Age □ Sex □ National Origin □ Color □ Physical Disability □ Creed □ Mental Disability □ Religion □ 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 Nondiscrimination Coordinator: Employees				
Andrew Pflipsen Title IX Coordinator Office: 1-404D andrew.pflipsen@sctcc.edu Phone: (320) 308-5580	Kari Matson Human Resources Director Office: C106 kari.matson@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):	(Il more than one respondent, list complete illiomation for each)	
Address (residence):		
City:	State:Zip:	
Sex:		
Status: □ Student □ Faculty □	[home] 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:	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):	(II more than one respondent, list complete illionnation for each)
Address (residence):	
City:	State:Zip:
Sex:	Phone: [work] [home]
	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):	(If there than one respondent, list complete illiornation for each)			
Address (residence):				
City:	State:Zip:			
Home phoneV Work hours	Vork phone			
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 phoneV	Vork phone			
What information can this witness provide?				
Name of Witness #3:				
Address (local):	(If more than one respondent, list complete information for each)			
Address (residence):				
City:	State:Zip:			
Home phoneV	Vork phone			
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:	F	
DATE:	EXPLANATION OF CONTENTS:	
NAME OF DOCUMENT #3:		
DATE:	EXPLANATION OF CONTENTS:	