

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>

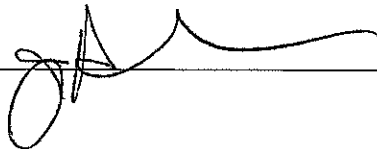
Report or Complaint of Discrimination or Harassment:

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: _____

12/19/14

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Date repealed or replaced: contact information updated 7/18/2016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>

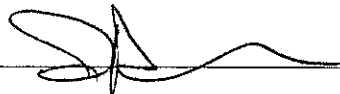
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College President: _____



Date: 12/19/14

Date of Adoption: _____

Date of Implementation: _____

Date repealed or replaced: contact information updated 1/26/2016

St. Cloud Technical College

S1.1.F1

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:

- | | | |
|-----------------------------------|--|--|
| <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 |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Commission |

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

Name of RESPONDENT #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):

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