

Name of person you believe harassed or was violent toward you or another person or group: _____

If the alleged harassment or violence was toward another person or group, identify that person or group: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary.)

Where and when did the incident(s) occur? _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has harassed or has been violent to me or to another person or group. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature) (Date)

(Received by) (Date)

Claims of discrimination may also be pursued through the following agencies where appropriate:

U.S. Department of Education
Office for Civil Rights, Region V
500 W. Madison Street – Suite 1475
Chicago, IL 60661
Tel: 312-730-1560
TDD: 312-730-1609

MN Department of Human Rights
190 E 5th Street
St. Paul, MN 55101
800-657-3704
651-296-5663
TDD: 651-296-1283

For complaints of employment discrimination:
Equal Employment Opportunity Commission

330 S. 2nd Avenue
Suite 430
Minneapolis, MN 55401
800-669-4000
612-335-4040
TDD: 612-335-4045