



“If you have difficulty reading English, please seek assistance when completing this form.

“

"Si usted tiene dificultad para leer inglés, por favor busque ayuda para completar este formulario"

“Yog koj nyeem tsis tau lus Askiv, thov nrhiav neeg pab teb daim ntawv no kom tag”

“Haddii ay dhib kugu tahay inaad akhriso afka Ingiriisiga, fadlan raadi qof ku caawiya marka aad buuxinaysid foomkan”

Office for Civil Rights  
**General Report Form**

Discrimination, Harassment, Sexual Harassment  
Sexual Assault, and Related Retaliation

Date: \_\_\_\_\_

Name of Person Making Report:	
Address:	Email:
	Phone: (    )
City, State, Zip:	
Status: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Parent <input type="checkbox"/> Other	
School or District Office:	
Would you like an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked “YES,” please indicate the language you need:	

Type of Complaint:     Discrimination     Harassment     Sexual Harassment, Stalking, Sexual Violence (Title IX)     Related Retaliation

Conduct experienced or reported related to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Race               | <input type="checkbox"/> Age                             | <input type="checkbox"/> Pregnancy                          |
| <input type="checkbox"/> Culture            | <input type="checkbox"/> Gender                          | <input type="checkbox"/> Family Structure                   |
| <input type="checkbox"/> Color              | <input type="checkbox"/> Gender Identity or Expression   | <input type="checkbox"/> Marital Status                     |
| <input type="checkbox"/> Creed or Religion  | <input type="checkbox"/> Sexual Orientation              | <input type="checkbox"/> Public Assistance Recipient Status |
| <input type="checkbox"/> National Origin    | <input type="checkbox"/> Veteran/Military Service Status | <input type="checkbox"/> Genetic Information                |
| <input type="checkbox"/> Citizenship Status | <input type="checkbox"/> Mental or Physical Ability      | <input type="checkbox"/> Other (Please Provide Information) |

Person who you believe has engaged in the misconduct (Respondent): *(If more than one Respondent, list information for each one.)*

Name of Respondent (#1):	MPS ID (If Known):
Address:	MPS Email:
	Phone: ( )
City, State, Zip:	
Status: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other	

Name of Respondent (#2):	MPS id:
Address:	Email:
	Phone: ( )
City, State, Zip:	
Status: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other	

*(Add additional pages if necessary.)*

Please list potential witnesses you believe possess information about your complaint.

Name of Witness (#1):	MPS ID (If known):
Address:	MPS Email:
	Phone: ( )
City, State, Zip:	
Status: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other	
What information can this witness provide? _____ _____	

Name of Witness (#2):	MPS ID (If Known):
Address:	MPS Email:
	Phone: ( )
City, State, Zip:	
Status: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other	
What information can this witness provide? _____ _____	

Please tell us about your experience and/or concerns:

- (a) To the extent you are able, please describe the incident(s) of alleged discrimination, harassment, assault and/or related retaliation. It would be most helpful if you are able to provide specifics. For example, please provide times, dates, location, names and titles of the people involved in the incident(s).



EMAIL FORM TO:

Rosalind R. Sullivan

Director, Office for Civil Rights

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Lulu Regules Verduzco

Civil Rights Compliance Investigator

[Lulu.Regules@mpls.k12.mn.us](mailto:Lulu.Regules@mpls.k12.mn.us)

Or mail to:

Office of Equality & Civil Rights

Minneapolis Public Schools

1250 W. Broadway Ave.

Minneapolis, MN 55411