



CenturyCollege

Please Read Before Completion of Form

Any complaint of discriminatory harassment is considered confidential data under **Minnesota Statute 13.39, Subd. 1 and 2**. You are not legally required to provide this information, but without it, an investigation cannot be conducted. This information may only be released to the chief investigator, the complainant, the respondent, appropriate supervisory personnel and the Commissioner of Employee Relations.

Complainant (You)

Name: _____ Classification/Job Title: _____

Department: _____ Supervisor: _____

Respondent (Person who discriminated/harassed you)

Name: _____ Classification/Job Title: _____

Department: _____ Supervisor: _____

Complaint

Basis of complaint ("X" all that apply):

<input type="checkbox"/> Race	<input type="checkbox"/> Disability	<input type="checkbox"/> Reliance on Public Assistance
<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Harassment
<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Political Affiliation

Type of action (Indicate type of action complained of):

<input type="checkbox"/> Hiring	<input type="checkbox"/> Promotion
<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Termination (including failure to pass probation)
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Terms and Conditions (e.g., denial of vacation request)
<input type="checkbox"/> Other (describe)	

Date most recent act of discriminatory harassment took place:

Describe how you believe that you have been discriminated/harassed against (names, dates, places, etc.). Use a separate sheet of paper if needed and attach to this form.

Information on witnesses who can support your case

Name	Department	Work/Day Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional witnesses may be listed here or use a separate sheet attached to this form.

This complaint is being filed on my honest belief that I have been discriminated/harassed. 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: _____

Investigator Signature: _____ Date: _____