



Office Diversity and Inclusion (ODI)
Discrimination/Harassment
Complaint Form

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: (please specify)

Your Status: [ ] Student [ ] Faculty/Staff [ ] External (Non-Campus)

Type of Complaint: [ ] Discrimination [ ] Harassment [ ] Retaliation

I was discriminated/harassed/retaliated against on the basis of my:

- [ ] Age [ ] National Origin
[ ] Color [ ] Race
[ ] Creed [ ] Reliance on Public Assistance
[ ] Disability [ ] Sex (including pregnancy and sexual harassment)
[ ] Familial Status (employment) [ ] Religion
[ ] Gender Expression [ ] Sexual Orientation
[ ] Gender Identity [ ] Other federal or state protected class (specify)
[ ] Marital Status
[ ] Membership or Activity in a Local Commission (employment)

I was:

- [ ] harassed/intimidated [ ] laid off
[ ] treated differently [ ] retaliated against after filing or participating in a discrimination/ harassment complaint
[ ] warned/suspended [ ] denied reasonable accommodations
[ ] not hired [ ] denied services
[ ] denied a raise [ ] denied religious accommodations
[ ] given a poor performance evaluation [ ] given a poor grade/evaluation (student)
[ ] given less training opportunities [ ] physically assaulted
[ ] delegated difficult duties [ ] Denied membership in a student club
[ ] denied promotion [ ] Other:

**I believe that I was discriminated/harassed/retaliated against by the following person(s), referred to as respondent. Please provide as much information as possible.**

Name of Respondent 1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Status:  Student  Faculty  Staff  External (Non-campus)

\_\_\_\_\_  
*Specify*

Name of Respondent 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Status:  Student  Faculty  Staff  External (Non-campus)

\_\_\_\_\_  
*Specify*

Name of Witness 1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Status:  Student  Faculty  Staff  External (Non-campus)

\_\_\_\_\_  
*Specify*

Name of Witness 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Status:  Student  Faculty  Staff  External (Non-campus)

\_\_\_\_\_  
*Specify*

Name of Witness 3: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Status:  Student  Faculty  Staff  External (Non-campus)

\_\_\_\_\_  
*Specify*

Name of Witness 4: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Status:  Student  Faculty  Staff  External (Non-campus)

\_\_\_\_\_  
*Specify*

**Explain your complaint in detail. Add additional pages if necessary and attach documents you believe may be helpful in investigating your complaint.**

1. Describe the specific incident(s) of discrimination/harassment/retaliation. List dates, times, 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 e.g., race, age, sex, disability.
3. Provide the names and titles of people you believe were treated more favorably than you due to your protected class status. If known, list the protected class status, e.g., race, age, sex, disability of each person.

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

If more space is needed, please attach to this form.





Remedy Sought:

Signature: \_\_\_\_\_

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

**Please return form to:**

Century College  
Rosa Rodriguez, Chief Diversity Officer  
Office of Diversity and Inclusion  
President's Office, Room 2500  
3300 Century Ave. North  
White Bear Lake, MN 55110  
[rosa.rodriquez@century.edu](mailto:rosa.rodriquez@century.edu)  
651-779-5786

If you have additional questions or to schedule an appointment, call **651-779-5786**.

This form may be mailed, emailed or hand-delivered to the Office of Diversity and Inclusion.

Assistance in completing this form is provided by calling 651-779-5786.

Century College is a member of Minnesota State Colleges and Universities. We are an affirmative action, equal opportunity employer and educator. This document can be available in alternative formats to individuals with disabilities by calling 651.773.1745 or emailing [access.center@century.edu](mailto:access.center@century.edu).