



METRO STATE UNIVERSITY

Discrimination/Harassment Complaint Form

Although not required, it is requested that Complainant complete this complaint form to report instances of discrimination or harassment. Completing this form will assist in the expediency of the report and its resolution. Completed forms may be sent to the Office of Equity and Inclusion located on the Saint Paul Dayton's Bluff Campus in New Main 204 or emailed to OEI@metrostate.edu.

Date: _____

| | | |
|--|--------------|---|
| Name of COMPLAINANT (reporting party): _____ | | (if more than one complainant, complete intake form for each) |
| Address (local): _____ | | |
| Address (permanent): _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Phone: (cell) _____ | | Other (home/work): _____ |
| Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Student Employee <input type="checkbox"/> Unknown | | |
| <input type="checkbox"/> Contractor (working for Metro State, but employed by another entity) | | |
| <input type="checkbox"/> Not Affiliated with Metro (guest/visitor) <input type="checkbox"/> Other: _____ | | |

TYPE OF COMPLAINT: DISCRIMINATION HARASSMENT RETALIATION

I WAS DISCRIMINATED/HARASSED/RETALIATED AGAINST ON THE BASIS OF MY:

- | | | |
|--|---|--|
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Status with Regard to Public Assistance |
| <input type="checkbox"/> Disability | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex (pregnancy, childbirth, related medical conditions) |
| <input type="checkbox"/> Creed/Caste | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Genetic Information (for employees) |
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Membership Activity in Local Commission | | |

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT #1: _____

Address (local): _____

Address (permanent): _____

City: _____ State: _____ Zip: _____

Phone: (cell) _____ Other (home/work): _____

Status: Student Faculty Staff Administrator Student Employee Unknown

Contractor (working for Metro State, but employed by another entity)

Not Affiliated with Metro (guest/visitor) Other: _____

Name of RESPONDENT #2: _____

Address (local): _____

Address (permanent): _____

City: _____ State: _____ Zip: _____

Phone: (cell) _____ Other (home/work): _____

Status: Student Faculty Staff Administrator Student Employee Unknown

Contractor (working for Metro State, but employed by another entity)

Not Affiliated with Metro (guest/visitor) Other: _____

Name of RESPONDENT #3: _____

Address (local): _____

Address (permanent): _____

City: _____ State: _____ Zip: _____

Phone: (cell) _____ Other (home/work): _____

Status: Student Faculty Staff Administrator Student Employee Unknown

Contractor (working for Metro State, but employed by another entity)

Not Affiliated with Metro (guest/visitor) Other: _____

Name of RESPONDENT #4: _____

Address (local): _____

Address (permanent): _____

City: _____ State: _____ Zip: _____

Phone: (cell) _____ Other (home/work): _____

Status: Student Faculty Staff Administrator Student Employee Unknown

Contractor (working for Metro State, but employed by another entity)

Not Affiliated with Metro (guest/visitor) Other: _____

LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT. ADD ADDITIONAL PAGES IF NECESSARY.

Name of WITNESS #1: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (cell/home): _____

What information can this witness provide? _____

Name of WITNESS #2: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (cell/home): _____

What information can this witness provide? _____

Name of WITNESS #3: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (cell/home): _____

What information can this witness provide? _____

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: _____ DATE: _____
EXPLANATION OF CONTENTS: _____

NAME OF DOCUMENT #2: _____ DATE: _____
EXPLANATION OF CONTENTS: _____

NAME OF DOCUMENT #3: _____ DATE: _____
EXPLANATION OF CONTENTS: _____

Please return completed form and supporting documents to:

Office of Equity and Inclusion
Metro State University
New Main Suite 204
700 East 7th Street
Saint Paul, MN 55106-5000
OEI@metrostate.edu
TitleIXcoordinator@metrostate.edu
Telephone: 651-793-1270

Reasonable Accommodations

This document is available in alternative formats upon request by contacting the Center for Accessibility Resources. Phone: 651-793-1549

In addition, if you need accommodations for your meeting with OEI, contact: Center for Accessibility Resources 651-793-1549 (voice) or 651-772-7687 (TTY)