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## Appendix G

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Normandale Community College  
9700 France Avenue South  
Bloomington, MN 55431

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### COMPLAINT OF HARASSMENT/DISCRIMINATION

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Please Read : Complaints of harassment/discrimination are considered confidential or private data under Minnesota Statute 13.39, Subd. 1 and 2. This information is being collected for the purpose of determining whether illegal harassment or discrimination has occurred. You are not legally required to provide this information, but without it, we may not be able to determine if harassment or discrimination has occurred. This information may be viewed by the complainant (you), the respondent, the college Affirmation Action Officer/Human Resources Director, the college's designated harassment/discrimination officers, MnSCU or college administration and others who have a legitimate business reason for review.

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COMPLAINANT(You)\_\_\_\_\_Work Area\_\_\_\_\_

Job Title\_\_\_\_\_Supervisor\_\_\_\_\_Work Phone\_\_\_\_\_

Please "X": Student  Faculty  Staff  Admin. Other

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NAME OF RESPONDENT(s) (Person you believe harassed/discriminated against You):

1. \_\_\_\_\_WorkArea\_\_\_\_\_

JobTitle\_\_\_\_\_Supervisor\_\_\_\_\_WorkPhone\_\_\_\_\_

Please "X": Student  Faculty  Staff  Admin. Other

2. \_\_\_\_\_WorkArea\_\_\_\_\_

Job Title\_\_\_\_\_Supervisor\_\_\_\_\_Work Phone\_\_\_\_\_

Please "X": Student  Faculty  Staff  Admin. Other

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BASIS OF COMPLAINT (X all that apply):

Race  Color  Disability  Sexual Orientation  Sex  Creed  Marital Status

Age  Religion  Status with Regard to Public Assistance

Membership or Activity in a Local Human Rights Commission  National Origin

If you have filed this complaint with another agency, please indicate the name of that agency:

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\_\_\_\_\_

Date most recent harassment/discrimination took place: \_\_\_\_\_

**Describe how you believe that you have been harassed or discriminated against (names, dates, places, etc. Attach a separate sheet of paper if needed and attach any relevant documentation to this form.**

**WITNESSES (persons who can support your complaint):**

<u>Name</u>	<u>Work/Home Phone</u>	<u>Please "X"</u>	<u>Student</u>	<u>Staff</u>
_____	_____			
_____	_____			
_____	_____			
_____	_____			

**Note: Additional witnesses may be listed on a separate sheet attached to this form.**

This complaint is being filed on my honest belief that the individual(s) named above have harassed or discriminated against me. The information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

**Complainant Signature:**

\_\_\_\_\_ Date \_\_\_\_\_

**Affirmative Action/Intake Officer Signature:**

\_\_\_\_\_ Date \_\_\_\_\_