



“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 of Equality & Civil Rights Complaint of Discrimination/Sexual Harassment Sexual Assault/Bullying/Retaliation

Date received: _____

Case Number: _____

Name of Complainant:	
Address:	Email:
	Phone: ()
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Parent <input type="checkbox"/> Other	
Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked “YES,” enter the language needed: _____	

Type of Complaint: Discrimination Sexual Harassment/Assault Bullying Retaliation

I feel that I was discriminated/harassed/assaulted/bullied/retaliated against because of my:

- | | | |
|---|--|---|
| <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 |

I feel that I was discriminated/harassed/assaulted/retaliated against by: *(If more than one respondent, list information for each one.)*

Name of Respondent (#1):	MPS id:
Address:	Email:
	Phone: ()
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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:
Address:	Email:
	Phone: ()
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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:
Address:	Email:
	Phone: ()
City, State, Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other	
What information can this witness provide? _____ _____	

Please explain your complaint in detail.

- (a) Describe the specific incident(s) of alleged discrimination, harassment, assault, bullying and/or retaliation. List times, dates, location, names and titles of the people involved in the incident(s).

- (b) State the specific reason(s) why you believe you were discriminated/harassed/assaulted/bullied/retaliated against because of your protected class status (e.g., race, sex, age, disability, etc.)
- (c) Provide the names and titles of people you believe were treated more favorably than you due to your protected class status. List the protected class status (race, age, gender, disability, etc.) of each person, if applicable.

Please state the remedy or resolution that you are seeking or requesting

If any, please attach documentation that you believe may be helpful in investigating this complaint.

I certify that the above statements are true and correct.

Complainant Signature

Date

Please return the completed form to the Designated individual at your school or to:

Francisco J. González
Director
Office of Equality & Civil Rights
Minneapolis Public Schools
1250 W. Broadway Ave.
Minneapolis, MN 55411
(612) 668-0023
Francisco.gonzalez@mpls.k12.mn.us

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Received by:
Date filed: