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: ☐ Male ☐ Female
Status: ☐ Student ☐ Employee ☐ Parent ☐ Other
Do you need an interpreter? ☐ YES ☐ 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:

☐ Race ☐ Age ☐ Pregnancy
☐ Culture ☐ Gender ☐ Family Structure
☐ Color ☐ Gender Identity or Expression ☐ Marital Status
☐ Creed or Religion ☐ Sexual Orientation ☐ Public Assistance Recipient Status
☐ National Origin ☐ Veteran/Military Service Status ☐ Genetic Information
☐ Citizenship Status ☐ Mental or Physical Ability ☐ Other
I feel that I was discriminated/harassed/assaulted/retaliated against by: *(If more than one respondent, list information for each one.)*

<table>
<thead>
<tr>
<th>Name of Respondent (#1):</th>
<th>MPS id:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>Phone: ( )</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Gender: □ Male □ Female</td>
</tr>
<tr>
<td>Status: □ Student □ Employee □ Other</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Respondent (#2):</th>
<th>MPS id:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
</tr>
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<td>Phone: ( )</td>
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<tr>
<td>City, State, Zip:</td>
<td>Gender: □ Male □ Female</td>
</tr>
<tr>
<td>Status: □ Student □ Employee □ Other</td>
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</tbody>
</table>

*(Add additional pages if necessary.)*

Please list potential witnesses you believe possess information about your complaint.

<table>
<thead>
<tr>
<th>Name of Witness (#1):</th>
<th>MPS id:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
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<td></td>
<td>Phone: ( )</td>
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<tr>
<td>City, State, Zip:</td>
<td>Gender: □ Male □ Female</td>
</tr>
<tr>
<td>Status: □ Student □ Employee □ Other</td>
<td></td>
</tr>
<tr>
<td>What information can this witness provide?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Witness (#2):</th>
<th>MPS id:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
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<tr>
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<tr>
<td>Status: □ Student □ Employee □ Other</td>
<td></td>
</tr>
<tr>
<td>What information can this witness provide?</td>
<td></td>
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</tbody>
</table>

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.

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

________________________________________________________________________________________________________________________________________________________

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________________________________________________________________________________________________________________________________________________________
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

FOR OFFICE USE ONLY

Received by:

Date filed: