

Discrimination/Harassment Complaint Form

If you believe you have experienced discrimination, sexual harassment, retaliation for filing a complaint or for your participation in an investigation, or treated in a way that violates the Respectful Workplace Policy, you are encouraged to file a complaint. Send completed forms to [- -](#)

Relevant policy information is listed on the last page of this form.

Complainant (Personal Information about You)

Complainant's Name: _____

Preferred Email: _____

Preferred Phone: _____

Work Address (including City and Zip): _____

Job Title: _____

Division/Agency: _____

Manager: _____

Respondent (Person Against Whom You are Filing the Complaint)

Respondent's Name: _____

Preferred Email: _____

Preferred Phone: _____

Work Address (including City and Zip): _____

Job Title: _____

Division/Agency: _____

Manager: _____

Information on Witnesses Who You Believe Can Support Your Complaint

Witness Name	Witness Job Title	Work Location	Witness Work Phone

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

Union Grievance

Have you filed a union grievance? Yes No

If yes, what union are you a member of? _____

If yes, what is the status or outcome of the grievance? _____

External Complaint

Have you filed this complaint with any other governmental agency (Equal Employment Opportunity Commission, Minnesota Department of Human Rights, etc.)? Yes No

If yes, what agency? _____

If yes, what is the status of the complaint? _____

The Complaint

Date(s) of Complaint

Date harassment/discrimination began or occurred: _____

Most recent date of harassment/discrimination (if different from above): _____

Basis of Complaint

Check all that apply:

I experienced unwelcome conduct of a sexual nature. (*Sexual Harassment Prohibited Policy**)

I experienced discrimination or discriminatory harassment* based on my (*check all that apply*):

Race	Age
Color	Sex
National Origin	Pregnancy
Limited English Proficiency	Gender Identity
Religion	Gender Expression
Creed	Sexual Orientation
Disability	Genetic Information
Marital Status	Public Assistance Status
Familial Status	Membership or Activity in a Local Human Rights Commission

I experienced harassment or disrespectful behavior, but it is not based on any of the protected characteristics listed above. (*Statewide Respectful Workplace Policy**)

I experienced retaliation for filing a complaint or participating in an investigation.

**For more information about the policies under which complaints may be filed, see last page.*

Describe, in as much detail as possible, the conduct that you believe violates the Harassment and Discrimination Prohibited Policy, the Sexual Harassment Prohibited Policy, or the Respectful Workplace Policy. List dates, locations, names, and titles of people involved. Explain why you believe the conduct was based on the items checked in the “Basis of Complaint” section above. Use additional paper if needed and attach to this form. Attach any documents you believe may be relevant (emails, notes, texts, etc.).

Verification

This complaint is being filed based on my honest belief that I have been subjected to conduct in violation of the Harassment and Discrimination Prohibited Policy, the Sexual Harassment Prohibited Policy, or the Respectful Workplace Policy. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant’s signature: _____ Date Signed: _____

Complaint Received by: _____ Date Signed: _____

Non-Retaliation Notice

Retaliation against any person who reports conduct under the Harassment and Discrimination Prohibited Policy, the Sexual Harassment Prohibited Policy, or the Respectful Workplace Policy is strictly prohibited and will not be tolerated. If you believe that you have been subjected to retaliation, you are encouraged to report such behavior.

Privacy Notice

MDH is asking you to provide information in this complaint form which includes private and/or confidential information under the Minnesota Government Data Practices Act. MDH is asking for this private/confidential information so that it can investigate and respond to allegations of harassment, discrimination, or disrespectful behavior. You are not legally required to provide this information. However, if you do not provide sufficient information, MDH may not be able to properly investigate your complaint. The information you provide will be used by MDH employees whose job assignments reasonably require access to the information.

Questions

If you have any questions about the complaint process, please contact the Office of Diversity, Equity and Inclusion at 651-331-0669.