

# Harassment Complaint Form

Last Name: _____	First Name: _____
Address: _____ City: _____ State: _____	
Zip Code: _____	Email Address: _____
Home/Cell Phone Number: _____	Work Phone Number: _____

**Please check those that apply:**

I am a:     Student                       Faculty                       Staff

Other (Explain) \_\_\_\_\_

**Complaint Focus:**

<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender
<input type="checkbox"/> GINA	<input type="checkbox"/> National Origin	<input type="checkbox"/> Race	<input type="checkbox"/> Religion
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Other	

**List the individual, department, or group that harassed you (if more than one, list all):**

Name	Address	Phone

Explain the basis of your complaint on page two. Provide as much detail about the incident(s) as possible. Include date(s), place(s), person(s) involved, witness(es), etc. Use additional sheets as needed.

Please submit to: Coordinator of Human Resources  May Hall 309 Dickinson State University 291 Campus Drive Dickinson, ND 58601 Office: (701) 483-2476 Fax: (701) 483-2574	<b>OR</b>	Title IX Coordinator Affirmative Action Officer May Hall 309 Dickinson State University 291 Campus Drive Dickinson, ND 58601 Office: (701) 483-2370 Fax: (701) 483-2574
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## HARASSMENT COMPLAINT FORM DIRECTIONS

Explain the basis of your complaint. Provide as much detail about the incident(s) as possible. Provide as much detail about the incident(s) as possible. Include date(s), place(s), person(s) involved, witness(es), etc. Use additional sheets as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_