

**University Misconduct 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:**

\_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin  
 \_\_\_\_\_ Gender \_\_\_\_\_ Religion \_\_\_\_\_ Sexual Harassment  
 \_\_\_\_\_ Age \_\_\_\_\_ Disability \_\_\_\_\_ Sexual Orientation  
 \_\_\_\_\_ GINA Other (Explain) \_\_\_\_\_

**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, including date(s), place(s), person(s) involved or witness(es), etc. Use additional sheets as needed.

Please submit to:	Coordinator of Human Resources <b>or</b> May Hall 101 Dickinson State University 291 Campus Drive Dickinson, ND 58601 Office: (701) 483-2530 Fax: (701) 483-2574	Affirmative Action Officer May Hall 301 Dickinson State University 291 Campus Drive Dickinson, ND 58601 Office: (701) 483-2984 Fax: (701) 483-2955
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Procedures for Harassment Complaints are located at  
[www.dickinsonstate.edu/faculty\\_and\\_staff/human\\_resources/PoliciesAndProcedures.aspx](http://www.dickinsonstate.edu/faculty_and_staff/human_resources/PoliciesAndProcedures.aspx).

