

## 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 [DEED.ODEO@state.mn.us](mailto:DEED.ODEO@state.mn.us).

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: \_\_\_\_\_

## Complaint Policy Information

### Harassment and Discrimination Prohibited Policy

DEED's [Harassment and Discrimination Prohibited Policy](#) strictly prohibits any form of harassment or discrimination based on protected class. No one will be denied the opportunity to participate in any DEED program, activity, or service, or in any employment activity based on race, color, religion, national origin (including limited English proficiency), sex (including pregnancy, and pregnancy related conditions, gender identity and expression), age, disability, genetic information, creed, sexual orientation, marital status, familial status, status with regard to public assistance, or membership in a local human rights commission.

### Sexual Harassment Prohibited Policy

DEED's [Sexual Harassment Prohibited Policy](#) strictly prohibits sexual harassment in any form of any employee or third party that takes place within the workplace or public service environment, or that affects the workplace or public service environment. These prohibitions extend to any location, activity, or event associated with DEED or its employees in their capacities as representatives of the State of Minnesota.

### Respectful Workplace Policy

The State of Minnesota is committed to providing a positive environment in which all staff, members of the public and others doing business with the state are treated with professionalism and respect. Issues of harassing behavior not based on the protected classes listed above are prohibited under the statewide [Respectful Workplace Policy](#).

### 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

DEED is asking you to provide information in this complaint form which includes private and/or confidential information under the Minnesota Government Data Practices Act. DEED 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, DEED may not be able to properly investigate your complaint. The information you provide will be used by DEED 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 and Equal Opportunity at 651-259-7684.

This material is available in alternative formats for individuals with disabilities by calling 651-259-7094.