

# Annual Internal Complaint Form

## AGENCY AND CONTACT INFORMATION

Your agency's name: \_\_\_\_\_

Reporting Year (calendar year): \_\_\_\_\_

Is this submission a correction of previous submitted report?                      Yes                      No

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## INTERNAL COMPLAINT INFORMATION

Please identify the number of internal complaints involved discrimination/harassment filed with your agency by protected class under the MN Human Rights Act and other causes.

If a complaint was based on more than one basis (protected class), include each/all.

\_\_\_\_\_ **TOTAL** number of internal complaints

If there was no internal complaint filed during this reporting period, please enter 0, skip the rest of questions, and submit to [AAreports.MMB@state.mn.us](mailto:AAreports.MMB@state.mn.us).

**Please list total number of complaints for the following categories:**

\_\_\_\_\_ **RACE**

\_\_\_\_\_ **SEX**

\_\_\_\_\_ **COLOR**

\_\_\_\_\_ **DISABILITY**

\_\_\_\_\_ **AGE**

\_\_\_\_\_ **SEXUAL ORIENTATION, GENDER IDENTITY, or GENDER EXPRESSION**

\_\_\_\_\_ **SEXUAL HARASSMENT**

\_\_\_\_\_ **NATIONAL ORIGIN**

\_\_\_\_\_ **RELIGION**

\_\_\_\_\_ **CREED**

\_\_\_\_\_ **MARITAL STATUS or FAMILIAL STATUS**

\_\_\_\_\_ **MEMBERSHIP or ACTIVITY IN A LOCAL HUMAN RIGHTS COMMISSION**

\_\_\_\_\_ **RELIANCE ON PUBLIC ASSISTANCE**

\_\_\_\_\_ **RETALIATION**

\_\_\_\_\_ **GENETIC INFORMATION**

**Please submit this report to [aareports.mmb@state.mn.us](mailto:aareports.mmb@state.mn.us).**

**Thank you for your cooperation.**

If you have any questions and/or request alternative form, please send your request to [aareports.mmb@state.mn.us](mailto:aareports.mmb@state.mn.us).