

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:

- Age Color Disability Gender
 GINA National Origin Race Religion
 Sexual Harassment Sexual Orientation

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: Krissy Kilwein May Hall 309 Dickinson State University 291 Campus Drive Dickinson, ND 58601 Office: (701) 483-2530 Krissy.Kilwein@dickinsonstate.edu	OR	Keith James May Hall 210 Dickinson State University 291 Campus Drive Dickinson, ND 58601 Office: (701) 483-2091 Keith.W.James@dickinsonstate.edu
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Procedures for Harassment Complaints are located at: www.dickinsonstate.edu/policymanual

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: _____