South Dakota School of Mines & Technology

HARASSMENT/DISCRIMINATION COMPLAINT FORM

Name: ________________________________________________________________

Home Address: ___________________________________________ Home Phone: ____________________

Campus Address: ___________________________________________ Campus Phone: ____________________

Please check your specific allegation(s) below:

☐ Discrimination    ☐ Harassment    ☐ Sexual Harassment    ☐ Title IX    ☐ Retaliation

Your allegation is based on which of the following protected categories (please circle all that apply):

Race    Color    Marital status    Sexual Orientation
Creed    Religion    Age    Ancestry
National Origin    Gender    Pregnancy    Military/Veteran’s status
Disability    Other: ___________

Who allegedly discriminated against you or harassed you?

Name of person (if known): ______________________________________________________________

Department/Campus Address: _____________________________________________________________

Your relationship to this person: __________________________________________________________
(his/her student, employee, co-worker, supervisor, fellow student, etc.)

Summary of Complaint – Use the space below along with other pages as necessary to describe the actions which you believe to be discrimination or harassment. Include a description of how you fit into the protected class cited above. Give specific details including dates, names, and occurrences. Provide as much information as possible, including what resolution you are seeking.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(Over)
Names/telephone numbers of witnesses (person(s) who have knowledge of relevant events and incidents):

Name: ____________________________________________ Contact Information: __________________________

Name: ____________________________________________ Contact Information: __________________________

Name: ____________________________________________ Contact Information: __________________________

Have you reported your concerns to others? □ Yes □ No

If yes, to whom did you report your concerns? _____________________________________________________

What action, if any, have you or others taken so far? ______________________________________________

Your complaint should be handled in the following manner:

☐ Allegation – Do not want to pursue either an informal or formal complaint, fully understanding that any action taken as a result of the allegation shall be taken on behalf of the institution only, and that the institution is not required to report back to me.

☐ Informal Complaint – Want action taken to address my concerns utilizing informal means, fully understanding that if any action is taken (including formal action if deemed necessary) by the institution it is being taken on the institution’s behalf, and that the institution is not required to report back to me.

☐ Formal Complaint – Want the institution to initiate an investigation of my complaint to determine whether there is a reasonable basis to believe that I was subjected to harassment and/or discrimination. Knowing that any action taken may affect me, the respondent, and the institution; therefore, I will receive an explanation regarding the investigatory findings and conclusions within 30 working days (an extension may be requested by the institution and if agreed upon will be placed in writing to the applicable persons).

Have you filed a complaint/grievance with any other agency? □ YES □ NO

If yes, what agency?   ________________________________________________________________

I am making this report under the South Dakota Board of Regents Harassment/Discrimination Complaint Procedures (1:18). A copy of the procedure has been given to me and the process has been explained. I understand that reasonable effort shall be made to maintain confidentiality but that in addressing the allegation it may become necessary to disclose my identity, directly or indirectly. Retaliation is prohibited.

_________________________________________________________ __________________________
Signature of Complainant Date

Form Received by: ___________________________________________________________ __________________________
Signature Date