

NDSU prohibits discrimination and harassment on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation, spousal relationship to current employee, status as a U.S. veteran, participation in lawful activity off the employer’s premises during nonworking hours which is not in direct conflict with the essential business-related interests of the employer. **NDSU prohibits all forms of sexual harassment, gender-based harassment, and sexual misconduct**, including but not limited to, intimate partner violence, sexual assault, sexual exploitation, and stalking. **NDSU also prohibits retaliation** based on protected activity, including, but not limited to, reporting alleged discrimination or providing information during a discrimination investigation.

Current or former NDSU students or employees, applicants for admission or employment, or any other participants in NDSU’s educational programs and activities, or any group thereof, who believe they have been subjected to discrimination, harassment, retaliation, or sexual misconduct are encouraged to file a complaint using this form. Please read [NDSU Policy 156, Discrimination, Harassment, and Retaliation Complaint Procedures](#), and, as applicable, [NDSU Policy 162, Sexual and Gender-Based Harassment, Sexual Misconduct and Title IX Policy](#), prior to completing the complaint form in order to understand how NDSU will respond to your complaint, as well as your rights and responsibilities under the complaint procedures. You are also welcome to directly contact the offices below at any time for guidance and assistance.

To complete the complaint form, please fill in the information below to the best of your ability and attach additional pages to this form as needed. If you need help completing the complaint form, you may contact the Equity Office at the contact information listed below. The complaint form can be submitted via email or in person to:

Equity Office/Title IX/ADA Coordinator
Old Main 201
NDSU Main Campus
701.231.7708
ndsueoaa@ndsuedu
*For all complaints, including those involving gender discrimination, sexual harassment, sexual misconduct, or ADA concerns

Student Affairs Office
Memorial Union 250
NDSU Main Campus
701.231.6537
*For complaints against students/student organizations

A. PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Affiliation with NDSU (please check all that apply):

- Staff (department): _____
- Faculty (department): _____
- Student (degree program): _____
- Former employee (last date of employment): _____
- Former student (last date of enrollment): _____
- Third party (relationship to NDSU): _____
- Applicant for admission (undergraduate or graduate level): _____
- Applicant for employment (position sought): _____

B. TYPE OF COMPLAINT BEING FILED:

- Discrimination and/or harassment (based on protected class)
- Retaliation (based on protected activity)
- Sexual misconduct (complete only sections D, E, H, I, K, and L)
- Not sure

C. PROTECTED CLASS OR PROTECTED ACTIVITY (complete for discrimination, harassment, retaliation complaints; please check all that apply):

If you are filing a **discrimination and/or harassment complaint**, please indicate the protected class(es) upon which you believe the alleged discrimination and/or harassment is based. For example, if you believe that you were treated differently or unequal because of your race, you should check the box next to race and indicate your race on the line provided. However, if, for example, you believe you were treated differently or unequal for several reasons, such as because of your sex, religion, and national origin, you should check all boxes that apply and indicate your sex, religion, and national origin on the lines provided.

- | | |
|---|--|
| <input type="checkbox"/> Age: _____
<input type="checkbox"/> Color: _____
<input type="checkbox"/> Gender expression/identity: _____

<input type="checkbox"/> Genetic information: _____
<input type="checkbox"/> Marital status: _____
<input type="checkbox"/> National origin: _____
<input type="checkbox"/> Participating in lawful activity off NDSU's premises during nonworking hours which is not in direct conflict with the essential business-related interests of NDSU
<input type="checkbox"/> Physical or mental disability: _____
_____ | <input type="checkbox"/> Pregnancy
<input type="checkbox"/> Public assistance status
<input type="checkbox"/> Race: _____
<input type="checkbox"/> Religion: _____
<input type="checkbox"/> Sex (including sexual harassment, gender-based discrimination, sexual assault or misconduct): _____
<input type="checkbox"/> Sexual orientation: _____
<input type="checkbox"/> Spousal relationship to current employee
<input type="checkbox"/> Status as a U.S. veteran
<input type="checkbox"/> Other (please specify): _____
_____ |
|---|--|

If you are filing a **retaliation complaint**, please indicate the protected activity you participated in that you believe led to the adverse/unfavorable action taken against you. For example, if you believe you were retaliated against for filing a discrimination and/or harassment complaint, you should check the box next to filing a discrimination and/or harassment complaint. If your protected activity is not listed, please write it on the lines provided.

- Filing a discrimination and/or harassment complaint
- Reporting discrimination and/or harassment
- Participating in a discrimination and/or harassment investigation
- Other (please specify): _____

D. PERSON(S) RESPONSIBLE FOR ALLEGED DISCRIMINATION, HARASSMENT, RETALIATION AND/OR SEXUAL MISCONDUCT:

Name	Role at NDSU, if any	Relationship to you, if any
<i>Example: Dr. John Doe</i>	<i>Assistant Professor</i>	<i>My professor</i>

E. ALLEGED ACT(S) OF DISCRIMINATION, HARASSMENT, RETALIATION AND/OR SEXUAL MISCONDUCT:

Describe each alleged act of discrimination, harassment, retaliation, and/or sexual misconduct. For each act, include as much detail as possible, including date, time, and location.

- F. SPECIFIC HARM SUFFERED** (complete for discrimination, harassment, retaliation complaints):
Please describe the specific harm you have suffered as a result of the alleged discrimination, harassment, and/or retaliation.

- G. BELIEF THAT ALLEGED ACT(S) OF DISCRIMINATION AND/OR HARASSMENT BASED ON PROTECTED CLASS(ES) OR ALLEGED RETALIATION BASED ON PROTECTED ACTIVITY** (complete for discrimination, harassment, retaliation complaints):
Please explain why you believe the alleged discrimination and/or harassment occurred based on a protected class(es) to which you belong (or are perceived to belong) or retaliation occurred based on a protected activity in which you participated (or are perceived to have participated).

- H. IDENTITY OF ANY WITNESSES TO THE ALLEGED ACTS:**

Witness	Role at NDSU, if any	Relationship to you, if any
<i>Example: John Doe</i>	<i>Student</i>	<i>Lab partner</i>

- I. MOST RECENT DATE(S) ALLEGED ACTS OCCURRED (MM/DD/YYYY):**

Prompt reporting of complaints is strongly encouraged to maximize NDSU's ability to gather evidence, and conduct a thorough, impartial, and reliable investigation. NDSU will investigate the complaint to the best of the University's ability and take steps to comply with its obligations to provide a safe environment. Pursuant to NDSU Policy 156, complaints typically must be submitted within 180 days of the most recent act of discrimination, harassment, retaliation, or sexual misconduct. If the date you listed above is more than 180 days ago, you may request a waiver of the filing deadline by checking the box below and providing additional information. If too much time has passed since the incident occurred, the delay may result in loss of relevant evidence and witness testimony, limiting NDSU's ability to take the appropriate action.

- I am requesting a waiver of the 180 day deadline to file a complaint. I waited until now to file a complaint because:

J. PRIOR ATTEMPTS TO RESOLVE ALLEGATIONS IN THE COMPLAINT *(complete for discrimination, harassment, retaliation complaints):*
 Please indicate if you have attempted to resolve the allegations in this complaint and provide additional information about the attempt(s), if applicable. **You are not expected to attempt to resolve the allegations before filing a complaint.**

- I have NOT attempted to resolve the allegations.
 I have attempted to resolve the allegations. *If so, what did you do and what was the outcome?*

K. SUPPORTING DOCUMENTATION:
 Please indicate if you have any documentation/written evidence to support your allegations. If law enforcement has been contacted, please document it.

- No
 Yes.

L. DESIRED OUTCOME OR RESOLUTION:
 Please indicate your desired outcome or resolution of this complaint *(be as specific as possible):*

By submitting this form, I understand that I am initiating a discrimination, harassment, retaliation and/or sexual misconduct complaint in which I am requesting that NDSU take action on my behalf to resolve the complaint. While NDSU will keep the complaint and its investigation confidential to the extent that it is possible, confidentiality cannot be guaranteed. I further understand that, based on the specific complaint, NDSU will use NDSU Policy 156 and/or 162 to address and resolve the complaint.

To the best of my knowledge and belief, the information found in this complaint is true, accurate, and complete.

 Signature

 Date

FOR UNIVERSITY USE ONLY:

Date complaint received:	By whom:	<input type="checkbox"/> In person <input type="checkbox"/> By email
Complaint type:	Initial deadline:	60-day deadline, if applicable:
Referral: <input type="checkbox"/> Equity Office/Title IX/ADA Coordinator <input type="checkbox"/> Student Affairs Office <input type="checkbox"/> Other:		