

COMPLAINT FORM FOR HUMAN RIGHTS VIOLATION

**College of Saint Benedict
Saint John's University
Order of Saint Benedict
SELF REPORT FORM**

For Office use Only

1. Date complaint filed with human rights officer _____
2. Date of service of complaint on respondent _____
3. Date of respondent response _____

1. Complainant:

Name: _____
Year in School: _____
Address: _____
Phone: _____

2. Respondent:

Name: _____
Year in School: _____
Address: _____
Phone: _____

3. Date of Report: _____
Time: _____

4. Date of Violation: _____
Time: _____

5. Location(s) of Incident(s): _____

6. Type of Discrimination or Harassment (check all that apply):

- | | | | |
|---------------------|--------------|-----------------------------|--------------------------|
| a. Race/Color _____ | c. Sex _____ | e. Sexual Orientation _____ | g. National Origin _____ |
| b. Disability _____ | d. Age _____ | f. Religion _____ | h. Other _____ |

INFORMATION REGARDING THE COMPLAINANT

7. Relationship to the Institution:

- Undergraduate
- Graduate
- Prep
- Faculty
- Staff
- Visitor
- Other _____

8. Complainant lives:

- On campus
- Off campus

9. Race/Ethnicity:

- Asian
- Black
- Hispanic/Latino
- American Indian
- White
- Mixed
- Other _____

INFORMATION REGARDING THE RESPONDENT(S)

10. Number of respondents: _____

11. Race/Ethnicity of Respondent(s):

- Asian
- Black
- Hispanic/Latino
- American Indian
- White
- Mixed
- Multiple Offenders of different race
- Unknown
- Other: _____

12. Respondent(s) Live(s):

- On Campus
- Off Campus
- Multiple offenders from different locations
- Unknown

13. Relationship to victim:

- Stranger
- Acquaintance
- Classmate
- Date
- Partner/Lover
- Ex-partner/Ex-Lover
- Spouse
- Ex-spouse
- Faculty
- Staff
- Supervisor
- Unknown
- Other _____

14. Was Respondent using:

- Drugs
- Alcohol
- Unknown

15. Approximate ages of Respondents(s): _____

16. Relationship to Institution:

- a. Undergraduate
- b. Graduate
- c. Prep
- d. Faculty

- e. Staff
- f. Visitor
- g. Multiple offenders of different affiliation
- h. Unknown
- i. Other _____

TO THE EXTENT POSSIBLE, THE IDENTITY OF THE COMPLAINANT WILL REMAIN CONFIDENTIAL.

RESPONSE/RESOURCES/SERVICES

17. Does the complainant plan on taking action against the respondent(s):

- a. Yes
- b. No
- c. Unknown at this time

19. What resources/services has the complainant been connected with at this time:

- a. Human Rights Office
- b. Security Department
- c. Student Development
- d. Residential Life
- e. Counseling Center
- f. Health Center – SJU
- g. Health Educators - CSB
- h. Campus Ministry
- i. Academic Advising
- j. St. Cloud Hospital
- k. Local Law Enforcement
- l. Sexual Assault Center
- m. Battered Women’s Shelter
- n. Other _____

18. If yes, circle all that apply:

- a. Internal complaint
- b. Criminal complaint
- c. Civil suit
- d. Unknown
- e. Other _____

SIGNATURES:

Complainant

Human Rights Officer

Date: _____

Date: _____

Office Use Only OUTCOMES: Complainant: _____ Respondent: _____ University: _____ Criminal: _____ Other: _____

Office Use Only: Human Rights Case # _____ CSB Security Case # _____ SJU Life Safety Case # _____
--

BernaDette Wilson
CSB/SJU Student Human Rights Officer
CSB Mary Commons, #205
College of St. Benedict
37 S College Avenue
St. Joseph, MN 56374
CSB: (320) 363-5455
SJU: Sexton #124, (320) 363-3794

Judy Bednar
CSB/SJU Faculty Staff Human Rights
Officer
Main #223
College of Saint Benedict
37 S College Avenue
St. Joseph, Mn 56374
CSB: (320) 363-5071
SJU: Quad 127B (320) 363-3340

Jan Jahnke
Order of Saint Benedict Human Rights
Officer
Quad 128
Saint John’s University
Collegeville, MN 56321
(320) 363-2874