

## THIRD PARTY REPORT FORM FOR ALLEGED HUMAN RIGHTS VIOLATIONS

College of Saint Benedict • Saint John's University

Reporter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date/Time of Alleged Violation: \_\_\_\_\_

Reporter's Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Year in School (if CSB/SJU Student): \_\_\_\_\_

Reporter's relationship with institution: \_\_\_\_\_

Alleged Complainant's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Age (if known): \_\_\_\_\_ Year in School (if CSB/SJU Student): \_\_\_\_\_

Alleged Respondent's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Age (if known): \_\_\_\_\_ Year in School (if CSB/SJU Student): \_\_\_\_\_

Complainant's role/relationship with institution at time of alleged violation:	Respondent's role/relationship with institution at time of alleged violation:
<input type="checkbox"/> Undergraduate student <input type="checkbox"/> Faculty <input type="checkbox"/> Graduate student <input type="checkbox"/> Staff <input type="checkbox"/> Multiple complainants* <input type="checkbox"/> Monastic <input type="checkbox"/> Administrator/Supervisor <input type="checkbox"/> Visitor <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <i>*If multiple complainants, provide information about each individual on separate sheet.</i>	<input type="checkbox"/> Undergraduate student <input type="checkbox"/> Faculty <input type="checkbox"/> Graduate student <input type="checkbox"/> Staff <input type="checkbox"/> Multiple respondents* <input type="checkbox"/> Monastic <input type="checkbox"/> Administrator/Supervisor <input type="checkbox"/> Visitor <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <i>*If multiple respondents, provide information about each individual on separate sheet.</i>

**Respondent's relationship to complainant:**

- |                                     |                                     |  |                                      |                                  |
|-------------------------------------|-------------------------------------|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Stranger   | <input type="checkbox"/> Dating Relationship | <input type="checkbox"/> Spouse      | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Faculty    | <input type="checkbox"/> Partner    | <input type="checkbox"/> Acquaintance        | <input type="checkbox"/> Ex-Spouse   |                                  |
| <input type="checkbox"/> Co-worker  | <input type="checkbox"/> Ex-Partner | <input type="checkbox"/> Classmate           | <input type="checkbox"/> Other _____ |                                  |

**Type of alleged Human Rights Violation (Check all that apply)**

- Sexual Harassment (*verbal, non-verbal, physical conduct*)
- Hostile Environment (*Hostile Environment harassment is established when harassment {verbal, non-verbal and/or physical} is so severe or pervasive that it has the purpose or effect of substantially and unreasonably interfering with an individual's work or educational experience or creating an intimidating, hostile, or offensive working, residential, or educational environment.*)
- Discrimination (*Unfair or unequal treatment of an individual or group when based upon legally protected characteristics, including but not limited to: race, religion, color, national origin, sex, sexual orientation, age, marital status, disability.*)

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**Location of alleged violation:**

- On campus (specify) \_\_\_\_\_
- Off campus (specify) \_\_\_\_\_
- Other location: \_\_\_\_\_

**Briefly describe the nature of the alleged violation and how it violates human rights in regard to the categories and/or protected classes listed above. Use a separate sheet if necessary. If possible, please include the names of any witnesses.**

**Resources received and/or contacts made by the alleged complainant at this time (check all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Counseling Center<br>Date: _____                                | <input type="checkbox"/> CSB Security<br>Date: _____      | <input type="checkbox"/> SJU Life Safety<br>Date: _____       |
| <input type="checkbox"/> Intercultural and International Student Services<br>Date: _____ | <input type="checkbox"/> Campus Ministry<br>Date: _____   | <input type="checkbox"/> Academic Advising<br>Date: _____     |
| <input type="checkbox"/> Disability Services<br>Date: _____                              | <input type="checkbox"/> Faculty Resident<br>Date: _____  | <input type="checkbox"/> Coach<br>Date: _____                 |
|  | <input type="checkbox"/> Resident Director<br>Date: _____ | <input type="checkbox"/> Other (specify) _____<br>Date: _____ |

I understand that CSB and/or SJU are obligated to investigate all complaints related to possible human rights violations. As such, my signature below indicates my understanding and agreement that the information I provide on this form and the information provided to the investigator may need to be shared with the complainant, respondent, and other witnesses. The information may also be shared with CSB and/or SJU administrators and others involved in administering the complaint procedures. Any information that is shared will be done in a way that protects and respects the privacy of those involved as much as possible.

<b>Date/Time of Report:</b>	<b>Signature of Reporter:</b>  _____	<b>Signature of Human Rights Officer:</b>  _____
	<b>Date:</b> _____ <b>Time:</b> _____	<b>Date:</b> _____ <b>Time:</b> _____

<p><u>Brandyn Woodard</u> CSB/SJU Student Human Rights Officer <a href="mailto:blwoodard@csbsju.edu">blwoodard@csbsju.edu</a></p> <p>CSB - Murray Hall 150 (320) 363-5455 SJU - Sexton 122 (320) 363-3799 SJU</p>	<p><u>Chantel Braegelmann</u> CSB/SJU Faculty &amp; Staff Human Rights Officer <a href="mailto:cbraegelm001@csbsju.edu">cbraegelm001@csbsju.edu</a></p> <p>CSB Schoenecker 168 SJU Great Hall - Quad 127B (320) 363-5071</p>
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