

**Intake Form**

[**Employee Code of Conduct**](https://www.minnstate.edu/board/procedure/1c0p1.html) **(System Procedure 1C.0.1).** This procedure establishes the code of conduct expected of all employees of Minnesota State Colleges and Universities.

[**Respectful Workplace**](https://www.minnstate.edu/board/procedure/1c0p2.html) **(System Procedure 1C.0.2).** This procedure addresses communications and behavior that do not involve protected class status. Communications and behavior that involve protected class status are addressed in Board Policy 1B.1 Equal Opportunity and Nondiscrimination in Employment and Education.

|  |
| --- |
| **Complainant** |
| Name: |  |  |  |  Phone: |  |
| Status: Department: ­ | * Faculty
 | * Staff
 | * Administrator
 | Supervisor: |
|  |  |

|  |
| --- |
| **Respondent** |
| Name: |  |  |  |  Phone: |  |
| Status: Department: | * Faculty
 | * Staff
 | * Administrator
 |  |
|  |  |

(If necessary, attach additional pages.)

|  |
| --- |
| **Witness(s)** |
| Name: |  |  |  |  Phone: |  |
| Status: Department: | * Student
 | * Faculty
 | * Staff
 | * Administrator
 |
|  |  |

(If necessary, attach additional pages.)

**The facts supporting this are:**

*Please explain your complaint in detail. Include date and time of incident(s), description(s), reason(s), and anything that may have*

*preceded it.*

**The Issues are:**

**Description of Incident**

Workplace Complaint Form Continued

**Please list and attach any documents you believe may help in reviewing your complaint.**

**Attachments**

|  |  |
| --- | --- |
| **Document Title** | **Date of Document** |
|  |  |
|  |  |
|  |  |

**Briefly state your desired resolution to the issue.**

**Desired Resolution**

***This form acknowledges receipt of a complaint. Responsible authorities will review the complaint to determine whether an investigation is warranted. If an investigation proceeds, it will be conducted in a timely, fair, and objective manner.***

***Investigations and other actions taken in response to this complaint are subject to any applicable processes under appliable collective bargaining agreements and plans, including applicable review and/or appeal procedures.***

***All data associated with this complaint, including any investigation and any outcome, are government data. The release or non-release of this data is governed by the Minnesota Government Data Practices Act (MGDPA).***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_***

***Acknowledgement of Receipt – Printed Name Signature Date***

**Complaint Acknowledgement**

***Date***

***Signature***

***Complainant Printed Name***

**I certify that the above statements are true and correct.**

**Signature**