

Intake Form

<u>Employee Code of Conduct</u> (System Procedure 1C.0.1). This procedure establishes the code of conduct expected of all employees of Minnesota State Colleges and Universities.

<u>Respectful Workplace</u> (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:	☐ Faculty	☐ Staff	☐ Administrator			
Department:				Supervisor		
Department.				Supervisor:		
Respondent						
Name:				Phone:		
Ctatus	□ Foculty	☐ Staff	☐ Administrator			
Status:	☐ Faculty					
Department:						
(If necessary, <u>attach</u> additio	nal nages)					
Witness(s)						
Name:				Phone:		
Status:	☐ Student	☐ Faculty	☐ Staff	☐ Administrator		
Denartment:						
Department:						
(If necessary, attach additional pages.)						
Decement on of Incident						
Description of Incident						
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:						
The facts supporting the	his are:					
				1		

Attachments		
Please list and attach any documents you	u believe may help in reviewing your o	complaint.
Document Title		Date of Document
Desired Resolution		
Briefly state your desired resolution to the	he issue.	
briefly state your desired resolution to a	ic issue.	
Cimatana		
Signature	use and sourcet	
I certify that the above statements are tr	ue and correct.	
Complainant Printed Name	Signature	Date
Complaint Acknowledgement		
This forms and a soul door was interested as a soul		
This form acknowledges receipt of a comwhether an investigation is warranted. objective manner.		
Investigations and other actions taken in appliable collective bargaining agreeme		
All data associated with this complaint, release or non-release of this data is gov		
Acknowledgement of Receipt – Printed N	Name Signature	