



Sexual Violence Complaint Form

This form is intended for use by students, employees, faculty, vendors, visitors or other concerned parties to informally or anonymously report specific information related to incident(s) of sexual misconduct, dating/relationship violence and/or stalking.

For the reporting party, it is your choice whether to remain anonymous, please know doing so may limit the ability to address the matter and assist you. We strongly encourage you to access available resources, such as Sexual Offense Services, St. Paul, MN 651-266-1000; Sexual Violence Center, Minneapolis, MN 612-871-5111; Hennepin County Medical Center (HCMC), 701 Park Avenue, Minneapolis MN, Sexual Assault Resource Service (SARS) 612-873-5832; Regions Hospital, 640 Jackson Street, St. Paul, MN Sexual Offense Services 651-254-3584; and the National Domestic Violence 25-hour Hotline (800-799-7233).

If you wish to identify yourself, please fill in the information listed below. If the person completing this form is the victim/survivor, you may choose to identify yourself or not. If you are a third party who is not the victim, you may choose to identify yourself or not.

Date Filed:

Date of Alleged Incident:

A. Name:

B. Check One:

Student

Employee

Other:

C. Contact Information:

Phone:

Email:

Home Address:

Campus Address:

D. Contact Information of Victim if Not Self-reporting:

Phone:

Email:

Home Address:

Campus Address:

E. NAME OF INDIVIDUAL(S) you believe engaged in violence toward you:

F. LIST ANY WITNESSES:

G. LIST ANY OTHERS WITH KNOWLEDGE OF THE INCIDENT(S):

H. DESCRIPTION OF COMPLAINT

Please list the sequence of events, including dates, if possible, along with any relevant facts, statements and/or evidence currently known to you.

Return to Desiree' Clark, Compliance Officer at desiree.clark@minnstate.edu or

**Desiree' Clark, Compliance Officer
Minnesota State, Office of Equity and Inclusion
30 7th Street East, Suite 350
St Paul, MN 55101**

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