



Metropolitan Council
Office of Equal Opportunity
390 Robert Street North
St. Paul, Minnesota 5510

EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Section 1: Complainant Information

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Primary Phone #:

Other Phone #:

E-mail Address:

Please state your relationship to the Metropolitan Council:

I am Job Applicant

I am a Current Employee

I am a Former Employee

Other

If you are a current or former employee, please identify your primary work location below.

Section 2: Third Party Information

Are you filing this complaint on your own behalf?

No

Yes (if yes, go to Section 3)

First Name of Person Filing Complaint:

Last Name of Person Filing Complaint:

What is your relationship to the complainant?

Primary Phone #:

Other Phone #:

E-mail Address:

Please explain why you have filed for the third party:

Section 3: Complaint Information

I believe the discrimination I experienced was based on (check all that apply)

Age

Color

Creed

Disability Status

Genetic Information

Marital Status

National Origin

Pregnancy

Public Assistance Status

Race

Religion

Reprisal

Sex

Sexual Orientation

Other, please specify

On what date did the alleged discrimination take place?

Where did the alleged discrimination take place?

Please explain and clearly as possible what happened and how you believe your were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you and why you believe these events occurred.

List the names and contact information of persons who may have knowledge of the alleged discrimination.

Witness 1

First Name:

Last Name:

Primary Phone #:

Other Phone #:

E-mail Address:

Witness 2

First Name:

Last Name:

Primary Phone #:

Other Phone #:

E-mail Address:

Section 4: Other Agency/Court Information

Have you filed this complaint with any other federal, state or local agency or with any federal or state court?

No (if no, go to Section 5)

Yes

If Yes, Check all that apply.

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Please provide information about a contact person at the agency or court where the complaint was filed.

Name of Agency:

Date complaint was filed:

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Primary Phone #:

Section 5: Resolution

How can this be resolved to your satisfaction?

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your allegation(s). Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. The Discrimination Complaint Consent/Release form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant Signature

Date