

SELF REPORT FORM FOR ALLEGED HUMAN RIGHTS VIOLATIONS

College of Saint Benedict • Saint John's University

Complainant's Name: _____

Phone: _____

Address: _____

Date of Alleged Violation: _____

Complainant's Gender: _____ Date of birth: _____ Year in School (if CSB/SJU Student): _____

Respondent's Name: _____

Phone: _____

Address: _____

Respondent's Gender: _____ Age (if known): _____ Year in School (if CSB/SJU Student): _____

Complainant's role/relationship with institution at time of alleged violation:

- Undergraduate student
- Graduate student
- Multiple complainants*
- Administrator/Supervisor
- Other _____

- Faculty
- Staff
- Monastic
- Visitor

Respondent's role/relationship with institution at time of alleged violation:

- Undergraduate student
- Graduate student
- Multiple respondents*
- Administrator/Supervisor
- Unknown
- Other _____

- Faculty
- Staff
- Monastic
- Visitor

**If multiple complainants, provide information about each individual on separate sheet.*

**If multiple respondents, provide information about each individual on separate sheet.*

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.*)

Location of alleged violation:

- On Campus (specify) _____
- Off campus (specify) _____
- Other location: _____

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Briefly describe the nature of the alleged violation and how it violates your 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 complainant at this time:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wellbeing Center
Date: _____ | <input type="checkbox"/> CSB Security
Date: _____ | <input type="checkbox"/> SJU Life Safety
Date: _____ |
| <input type="checkbox"/> Multicultural Student Services
Date: _____ | <input type="checkbox"/> Campus Ministry
Date: _____ | <input type="checkbox"/> Academic Advising
Date: _____ |
| <input type="checkbox"/> Student Accessibility Services
Date: _____ | <input type="checkbox"/> Faculty Resident
Date: _____ | <input type="checkbox"/> Coach
Date: _____ |
| | <input type="checkbox"/> Resident Director
Date: _____ | <input type="checkbox"/> Other (specify) _____
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 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.

Date/Time of Report:	Signature of Complainant: _____ Date: _____ Time: _____	Signature of Human Rights Officer: _____ Date: _____ Time: _____
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<p><u>Mary Geller</u> Associate Provost for Student Success mgeller@csbsju.edu CSB – Academic Service Building 009 (320) 363-5601 SJU - Sexton 122 (320) 363-2737</p>	<p><u>Chantel Braegelmann</u> CSB/SJU Faculty & Staff Human Rights Officer cbraegelm001@csbsju.edu CSB - Schoenecker 168 SJU – Great Hall, Quad 127B (320) 363-5071</p>
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