

THIRD PARTY REPORT FORM FOR ALLEGED HUMAN RIGHTS VIOLATIONS

College of Saint Benedict • Saint John's University

Reporter's Name: _____ Phone: _____

Address: _____

Date/Time of Alleged Violation: _____

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

Reporter's relationship with institution: _____

Alleged Complainant's Name: _____

Phone: _____

Address: _____

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

Alleged Respondent's Name: _____

Phone: _____

Address: _____

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
- Unknown
- Other _____

- Faculty
- Staff
- Monastic
- Visitor

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

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

Respondent's relationship to complainant:

- Supervisor
- Faculty
- Co-worker
- Stranger
- Partner
- Ex-Partner
- Dating Relationship
- Acquaintance
- Classmate
- Spouse
- Ex-Spouse
- Other _____
- Unknown

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.*)

THIRD PARTY REPORT FORM – PAGE 2

Location of alleged violation:

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

Briefly describe the nature of the alleged violation and how it violates 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 alleged complainant at this time (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Wellness 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 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 complainant, 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 Reporter: _____ | Signature of Human Rights Officer: _____ |
| | Date: _____ Time: _____ | 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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