



Office of Equal Opportunity and Affirmative Action

## REPORT OF POSSIBLE VIOLATIONS OF HUMAN RIGHTS

**Return the completed form to the Office of Equal Opportunity, 205 Slagle Hall.  
This form must be received and signed in order to begin action on your report.**

Name(s), department(s) and telephone number(s) of aggrieved person(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Name(s), department(s) and telephone number(s) of person(s) charged:

Name \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Name \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Alleged discrimination /harassment based on (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Citizenship        | <input type="checkbox"/> Religion            |
| <input type="checkbox"/> Race            | <input type="checkbox"/> Gender             | <input type="checkbox"/> Age                 |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Gender Identity    | <input type="checkbox"/> Disability          |
| <input type="checkbox"/> Creed           | <input type="checkbox"/> Transgender        | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Veteran Status      |
| <input type="checkbox"/> Ancestry        |   |  |
| <input type="checkbox"/> Other _____     |   |  |

## Incident Overview

Use the space below to describe the actions which you believe to be discriminatory or harassment. Include a description of how you fit into the class cited on the first page. Provide details including dates and names. Be complete and specific. Add sheets if necessary.

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Provide the names and telephone numbers of witnesses to the incident (persons who have knowledge of relevant events and incidents).

Name: \_\_\_\_\_ Position \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Contact Information: \_\_\_\_\_

Have you reported your concerns to others?  Yes  No

If yes, to whom did you report your concerns? \_\_\_\_\_

What action (if any) was taken after you had reported your concerns?

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I am filing a formal complaint under the South Dakota Board of Regents Human Rights Complaint Procedures 1:18. A copy of the procedure has been given to me and the process has been explained. I understand this form must be received and signed by the Title IX Coordinator in order to begin action on this report. I also understand reasonable effort shall be made to maintain confidentiality, but that in the course of the investigation, it may become necessary to disclose my identity, directly or indirectly.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Report received by:

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Signature \_\_\_\_\_ Date \_\_\_\_\_