

EDUCATION DISCRIMINATION QUESTIONNAIRE (5)

Minnesota Department of Human Rights
Army Corps of Engineers Centre
190 5th Street East — Suite 700
St. Paul, MN 55101

The Department needs specific information in order to process or investigate a complaint. If the Department cannot locate you, your case may be dismissed. **PLEASE PRINT or TYPE.**

If you have questions or need help completing this document, call Intake at the Department of Human Rights at (612) 296-5663
Toll free in Minnesota 1-800-657-3704
TTY: (612)296-1283
This questionnaire is available in other languages.

1. INFORMATION ABOUT YOU

Name _____ () _____
Home phone number

Street / Apt. # _____ City _____ State _____ Zip _____

Race _____ Age _____ Gender _____

If you are under 18, provide the name of your parent or legal guardian and their address:

Current employer _____

May we call you at work? Yes No Work phone number () _____ Best time to contact you _____

CONTACT PERSON — someone who will always know how to contact you (if possible, someone who does not live with you)

Name _____ () _____
Home phone number

Street / Apt. # _____ City _____ State _____ Zip _____

2. INFORMATION ABOUT THE SCHOOL INVOLVED IN YOUR COMPLAINT

Type of institution: public (school district # _____) private parochial business

School name _____ () _____
Phone number

Street address _____ City _____ State _____ Zip _____

Headquarters or school district _____ () _____
Phone number

Street address _____ City _____ State _____ Zip _____

Name and title of district superintendent or college president _____

3. YOUR HISTORY WITH THE SCHOOL INVOLVED IN YOUR COMPLAINT

- Applied but not accepted. Application date _____ Date denied enrollment _____
- Accepted. Acceptance date _____ Date enrolled _____
Are you still a student there? Yes No
If no: Voluntarily quit Expelled Date notified _____ Reason _____
- Grade level when discrimination occurred _____
- Did you make the school's Affirmative Action officer aware of the situation? Yes No Date _____
- Do you have an attorney? Yes No If yes, name of attorney _____
- Attorney's address _____ Phone number _____
- Have you filed with any of the following agencies? Yes No If yes: Date _____ Charge # _____
- Office of Civil Rights, U.S. Dept. of Education Minneapolis Civil Rights St. Paul Human Rights Other _____

4. BASIS OF DISCRIMINATION — "I believe I was discriminated against because of my ..."
— check only those categories that are the reason for this complaint

- Race: White Black American Indian Asian/Pacific Islander Other _____
- Color _____
- Nationality or country of origin _____
- Religion _____
- Gender: male female
- Marital status: single engaged to be married married divorced separated widowed
- Age: Date of birth _____ Age when discrimination occurred _____
- Creed _____
- Disability: name or description _____
How is this a factor? _____
- Sexual orientation: gay lesbian bisexual transsexual heterosexual other _____
- Public assistance status: type of assistance involved _____
- Association with person(s) of another race, religion, national origin, sexual orientation, color, or creed
- Association with person(s) who have a disability
- Complaints about or opposition to discrimination

5. POSSIBLE WITNESSES — use additional sheets if necessary

1. Name _____
Address _____
Home telephone _____ Work telephone _____ Best time to contact witness _____
What information can this witness provide? _____

2. Name _____
Address _____
Home telephone _____ Work telephone _____ Best time to contact witness _____
What information can this witness provide? _____

3. Name _____
Address _____
Home telephone _____ Work telephone _____ Best time to contact witness _____
What information can this witness provide? _____

6. DOCUMENTS THAT MAY HELP US INVESTIGATE YOUR COMPLAINT — give the name and date of document and explain the information it contains; attach copies, if possible

- 1. _____

- 2. _____

- 3. _____

7. HOW WERE YOU DISCRIMINATED AGAINST? — add additional pages if necessary

1. Who discriminated against you or harassed you?

Name	Title	Address	Telephone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. When, approximately, did this happen? _____

3. Where did this happen? _____

4. Why do you think your (race, age, gender, religion, etc.) was a factor in this person's behavior toward you? _____

5. Were others treated more favorably than you? If so, describe that person by name and describe how they differ from you and how they were treated more favorably.

6. Did you tell someone about the incident? If yes, please give their names and tell about them. _____

7. What happened? Be specific and provide dates if possible. _____
