

**MINNESOTA STATE ACADEMIES
UNLAWFUL SEX, GENDER, AND/OR GENDER IDENTITY
DISCRIMINATION TOWARD A STUDENT**

General Statement of Policy Prohibiting
Unlawful Sex, Gender, or Gender Identity Discrimination Toward a Student

Minnesota State Academies maintains a firm policy prohibiting all forms of unlawful sex, gender, or gender identity discrimination. All students are to be treated with respect and dignity. Unlawful sex, gender, or gender identity discrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant: _____

Home Address: _____

Work Address: _____) _____

Home Phone: _____ Work Phone: _____

Date of Alleged Incident(s): _____

Name of person you believe unlawfully discriminated toward you or a student on the basis of sex, gender, or gender identity:

If the alleged unlawful discrimination was toward another person, identify that person:

Describe the incident(s) as clearly as possible, including such things as: What force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary.) _____

Where and when did the incident(s) occur? _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____
has unlawfully discriminated against me or a student on the basis of sex, gender, or
gender identity. I hereby certify that the information I have provided in this complaint is
true, correct, and complete to the best of my knowledge and belief.

Complainant Signature

Date

Received by

Date