



Sexual Violence/Sexual Assault Complaint

If this is an emergency, please call 911.

Please provide as much information as you can in the 'Description of Incident' section regarding the concern you are reporting. Once the form is received, the appropriate staff will review the report and take action as necessary, which may include contacting you, the person reported, and any witnesses you have identified.

The information you have provided, including the identity of the individual of concern, will be kept confidential whenever possible. While we do everything we can to preserve your anonymity, we cannot promise complete confidentiality

Submitted reports are processed during normal business hours. They are not monitored after hours, on weekends, or on holidays. For immediate concerns about a student, call Safety and Security at 612-817-4585.

Background Information

Your full name: _____

Check one: Student _____ Employee _____ Other _____

Incident Description: Please provide a detailed description of the incident/concern using specific concise, objective language (Who, what, where, when, why, and how). Please be professional, accurate and factual. Observations and facts are more useful than characterizations or labels.

To submit your complaint, please contact:

**Students:
Thom Nordin**