



**THIRD JUDICIAL DISTRICT
BIAS OR DISCRIMINATION
COMPLAINT FORM**

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR PHONE NUMBER: _____

YOUR EMAIL: _____

WHAT HAPPENED: _____

WHEN DID IT HAPPEN (DATE AND TIME): _____

WHERE DID IT HAPPEN: _____

NAME OF PERSON(S) BEING COMPLAINED ABOUT: _____

NAME OF WITNESS(ES): _____

YOUR SIGNATURE: _____ **DATE:** _____

Submit Complaints to:
District Administrator
Third Judicial District Office
1696 Greenview Drive SW
Rochester, MN 55902