



**MINNESOTA  
JUDICIAL BRANCH**  
THIRD JUDICIAL DISTRICT

## Discrimination or Harassment Complaint Form

I am filing this complaint, because I believe I have been a victim of discrimination or harassment and I am a member of one or more of the following protected classes. Please select applicable protected class(es):

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Religion
<input type="checkbox"/> National origin	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability	
<input type="checkbox"/> Status regarding local human rights commission activity		<input type="checkbox"/> Status regarding public assistance	

Today's Date:			
Your name:			
Your address:			
Your phone number:		Your email:	
Your case number (if applicable):			
Name of person(s) being complained about:			
Where did it happen:		When did it happen (date and time):	
What happened:			
Name of witness(es):			
Name of assisting advocate(if any):		Phone number of advocate:	
Your Signature:			

Filing this complaint form is not a substitute for pursuing legal remedies. You may wish to consult with an attorney to determine the legal options that are available to you.

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