

## 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 \_\_\_\_\_

Phone numb	er:					
Email addres	S:					
Date of Incident:				_ Time of Incident:		
Location of Ir	ncident:					
Involved Parties						
Full Name:						
Gender						
Offender	Vic	tim	Witness			
Student Tech ID (if available):						
Phone numb	er:					
Email Addres	s:					

**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 Dean of Community Partnerships and Student Success Deputy Title IX Coordinator Phone 763-433-1424 email: <u>thom.nordin@anokatech.edu</u>

Employees: Jay Nelson Senior Human Resource Officer 763-576-4054 email: <u>inelson@anokatech.edu</u>