Civil Rights Violation Complaint Form

Instructions: Please complete this form to report a civil rights violation. Submit the completed form to the Office of Compliance or the designated Title IX Coordinator.

I. Contact Information

- **Name:**
- **Address:**
- **City, State, Zip Code:**
- **Phone Number:**
- **Email Address:**
- **Status:** (Check one)
  - ☐ Student
  - ☐ Employee

II. Details of the Complaint

1. **Date of Incident:**
2. **Time of Incident:**
3. **Location of Incident:**
4. **Description of the Incident:**
   (Please provide a detailed description of the event, including what happened, who was involved, and any other relevant information. Use additional pages if necessary.)

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5. **Witnesses (if any):**
   (Please provide names and contact information of any witnesses to the incident.)

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6. **Previous Actions Taken:**
   (Have you reported this incident before? If so, to whom and what was the outcome?)

III. Desired Outcome

(What action would you like to see taken in response to this complaint?)

IV. Signature

By signing below, I affirm that the information provided in this complaint form is true and accurate to the best of my knowledge.

- **Signature:**
- **Date:**

V. Submission Information

Please submit this form for students:

- **Office of Compliance:** Jerl Thompson, Vice President
- **Email:** jerl.thompson@sittingbull.edu
- **Phone:** 701-854-8055

Please submit this form for employees:

- **Office of Compliance:** Elisabeth Hertel, Human Resources Director
- **Email:** elisabeth.hertel@sittingbull.edu
- **Phone:** 701-854-8004

Confidentiality Notice:
All complaints will be handled with confidentiality to the extent possible, and retaliation against anyone who files a complaint is strictly prohibited.

Adopted: November 2024