

 **Metropolitan Council**
Discrimination Complaint Form

Note: The following information is needed to assist in processing your complaint.

Information about Complainant:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): (____) _____

Telephone Number (Work): (____) _____

Person Discriminated Against (if someone other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): (____) _____

Telephone Number (Work): (____) _____

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (Specify) _____

National Origin (Specify) _____

Sex

Religion

Age

Disability

On what date(s) did the alleged discrimination take place?

Please explain below as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to describe in what way you believe other persons were treated differently than you and why you believe these events occurred. (Please use additional sheets if necessary and attach a copy to written material pertaining to your case).

(Please continue on top of next page.)

If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.

Name: _____

Name of Business: _____ Position/Title _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your allegation(s).

Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. The Discrimination Complaint Consent/Release form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant Signature: _____ Date: _____

Attachments: Yes No

Sign and submit complaint form, [consent form](#) and any additional information to:

Metropolitan Council ODEO
Director, Equal Opportunity
390 Robert Street North
St. Paul, MN 55044-1805

Phone: 651-602-1084

Fax: 651-602-1031