

Consent/Release Form for Discrimination Complaints

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

As a complainant, I understand that in the course of an investigation it may become necessary for the Metropolitan Council, hereafter referred to as the "Council," to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the Council to honor requests under the Freedom of Information Act. I understand that it may be necessary for the Council to disclose information, including personally identifying details, which it has gathered as part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by the Council policies and practices from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Metropolitan Council.

Please check one:

I CONSENT and authorize to have the Council, as part of its investigation, reveal my identity to persons at the organization, business or institution, which has been identified by me in my formal complaint of discrimination. I also authorize the Council to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release, and do so voluntarily.

I DENY CONSENT to have the Council reveal my identity to persons at the organization, business or institution under investigation. I also deny consent to have the Council disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the Council to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature _____ Date _____

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