

# 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.

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## I. Contact Information

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

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### III. Desired Outcome

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

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### 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:**

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### V. Submission Information

Please submit this form for students:

- **Office of Compliance:** Koreen Ressler, Vice President
- **Email:** koreen.ressler@sittingbull.edu
- **Phone:** 701-854-8001

Please submit this form for employees:

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

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### Confidentiality Notice:

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

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Adopted: November 2024