

Civil Rights Complaint Form: Discrimination in Service Delivery

The purpose of this form is to assist you in filing a complaint with the Minnesota Department of Children, Youth and Families. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

*Your Information

Name: _____ Phone Number: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

*Person(s) Discriminated Against, if Different from Above

Name: _____ Phone Number: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

*Respondent (Agency/Person Complaint is Against) Information

Name: _____ Phone Number: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

*Protected Class Complaint is Based Upon – Check all that apply

***Please note, protections vary by program*

Age	Color	Creed	Disability
Gender Identity	National Origin	Public Assistance Status	Race
Religion	Sex	Sexual Orientation	Retaliation

SNAP Complaints – Additional protected classes for SNAP program complaints.

Family/Parental Status

Political Beliefs

Religious Creed

Please list any other agency you have filed this complaint with:

Incident(s) Details

*It is **EXTREMELY IMPORTANT** for you to connect that the alleged **discrimination/harassment** is **because** of the **protected class**. Stating you are a member of a protected class and you are being discriminated against does not provide sufficient information that the discrimination is because of the protected class.*

***Dates of Incident(s)** – to the best of your recollection

First Date of Incident: _____ Last Date of Incident: _____

***Detailed Description of Alleged Discrimination/Harassment** - *Please explain as clearly as possible how you were treated differently than other people due to the protected class(es) marked above. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)*

Witness(es) – Names and contact information of anyone who saw the incident.

Remedy – What remedy are you seeking? We do not have authority to arrest anyone or award money.

Retaliation - It is prohibited to retaliate or intimidate against anyone who has reported or participated in an investigation of discrimination/harassment because of a protected class. If you believe that you have been retaliated against (separate from the above alleged discrimination/harassment), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

Providing information is voluntary. However, choosing not to provide certain details may impact whether an investigation is initiated or influence its outcome. If an investigation does proceed, your name and the allegations may be shared with the respondent. Additionally, the information you provide is subject to the Minnesota Government Data Practices Act, which may make some of it publicly accessible upon request.

***Signature**

Signature of Complainant: _____ Date: _____

Signature of Interpreter/Person who Completed Form: _____



For accessible formats of this information or assistance with additional equal access to human services, write to ada.dcyf@state.mn.us, call 651-539-8332, or use your preferred relay service.

Equal Opportunity &
Access Division Contact:
Civil Rights Coordinator
651-539-7700 (voice)
651-539-0012 (fax)
Eoad.dcyf@state.mn.us
Use preferred relay service