

## RESPECTFUL WORKPLACE PROCEDURE

In compliance with [Systems Procedure 1C.0.2 Respectful Workplace](#) and [MMB HR/LR Policy #1432 Respectful Workplace](#), any employee or third party may choose to initiate a formal complaint under this procedure.

Complaints should be submitted to the Human Resources office. If the complaint concerns a member of the Human Resources office, the complainant may contact the Human Resources director or other appropriate administrator. If the complaint concerns the college or university president, the complainant may contact the vice chancellor for Human Resources in the system office.

- Complaints must contain details of the situation and the identity of the person or persons against whom the complaint is being made.
- A person against whom a formal complaint is made may be informed of the complaint.
- The appropriate party in receipt of a complaint made pursuant to this procedure is encouraged to acknowledge receipt of any complaint in writing, to the complainant, with a statement that would include:
  - The date that the complaint was made;
  - A statement that the Human Resources office or other appropriate manager or administrator retains the discretion to determine whether an investigation is warranted;
  - A statement that if it is determined that an investigation is warranted, all investigations will be conducted in a timely, fair, and objective manner; and
  - A statement that all recorded data associated with a complaint, including any investigation and any outcome, are government data, and that the release or non-release of data is governed by the Minnesota Government Data Practices Act (MGDPA).
- The Human Resources office designee or other appropriate manager or administrator may determine that an investigation into all or some aspects of a complaint is not warranted for one or more of the following reasons:
  - The facts alleged, if taken as true, would not amount to a violation of this procedure;
  - The facts alleged are inherently implausible;
  - The facts alleged substantially repeat claims previously reviewed; or
  - Other sound reasons that further the fundamental purposes of this procedure.

### HUMAN RESOURCES

Jestina Vichorek, Executive Human Resources Officer	P: 218-733-7677 Jestina.Vichorek@lsc.edu
Judi Seifert, Human Resources Specialist	P: 218-733-7692 judi.seifert@lsc.edu
LeAnn Ulvi, Human Resources Technician	2187331068 Leann.ulvi@lsc.edu

## RESPECTFUL WORKPLACE COMPLAINT FORM

<b>Complainant Name:</b>		<b>Date Report Submitted:</b>		
<b>Job Title:</b>		<b>Supervisor Name:</b>		
<b>Phone:</b>		<b>Email:</b>		
<b>Respondent(s) Name:</b>		<b>Respondent(s) Job Title:</b>		
<b>Witnesses</b>				
<b>Witness Name:</b>		<b>Phone or Email Address:</b>		<input type="checkbox"/> <b>Employee</b>
				<input type="checkbox"/> <b>Student</b>
<b>Description of what was witnessed, when, and where:</b> <i>Please describe what they might know regarding the allegations and indicate the date and general location of where the witness was when they witnessed the situation.</i>				
<b>Witness Name:</b>		<b>Phone or Email Address:</b>		<input type="checkbox"/> <b>Employee</b>
				<input type="checkbox"/> <b>Student</b>
<b>Description of what was witnessed, when, and where:</b> <i>Please describe what they might know regarding the allegations and indicate the date and general location of where the witness was when they witnessed the situation.</i>				
<b>Witness Name:</b>		<b>Phone or Email Address:</b>		<input type="checkbox"/> <b>Employee</b>
				<input type="checkbox"/> <b>Student</b>
<b>Description of what was witnessed, when, and where:</b> <i>Please describe what they might know regarding the allegations and indicate the date and general location of where the witness was when they witnessed the situation.</i>				
<b>Complaint Details</b>				

**Basis for Complaint:** *Please select all that apply if "other" explain in detail in the summary of Compliant section.*

- Professionalism  Respect  Bullying  Retaliation  Communication  Behavior  Other

**Summary of Concerns or Complaint:** *Attach additional pages if necessary, please include date, time, location and relevant information.*

**Summary of any Documentation Related to Allegations:** *Please attach documentation with this complaint.*

**COMPLAINT ACKNOWLEDGMENT FORM**

This form acknowledges receipt of a complaint made under the Respectful Workplace policy on \_\_\_\_\_ (date). The Executive Human Resources Officer or other appropriate Administrator will review the complaint and retains the discretion to determine whether an investigation is warranted. If an investigation proceeds, it will be conducted in a timely, fair, and objective manner. Investigations and other actions taken in response to this complaint are subject to any applicable processes under applicable collective bargaining agreements and plans, including applicable review and/or appeal procedures. All data associated with this complaint, including any investigation and any outcome, are government data. The release or non-release of this data is governed by the Minnesota Government Data Practices Act (MGDPA).

Signature of Complainant:

Date: