



**MINNESOTA  
JUDICIAL BRANCH**  
THIRD JUDICIAL DISTRICT

**Discrimination or Harassment Complaint Form**

I am filing this complaint, because I believe I have been discriminated against or harassed by one of the following (\*):

<input type="checkbox"/> Judge	<input type="checkbox"/> Referee	<input type="checkbox"/> Magistrate	<input type="checkbox"/> Court Employee
--------------------------------	----------------------------------	-------------------------------------	---

**and** I am a member of one or more of the following protected classes. Please select applicable protected class(es):

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Religion
<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability	

Today's date:			
Your name:			
Your address:			
Your phone number:		Your email:	
Your case number (if applicable):			
Name of person(s) being complained about:			
Where did it happen:		When did it happen (date and time):	
What happened:			
Name of witness(es):			
Name of assisting advocate (if any):		Phone number of advocate:	
Your signature:			

**\*If your complaint is in regards to law enforcement or any other government agency, please check with that agency for their complaint process. Filing this complaint form is not a substitute for pursuing legal remedies. You may wish to consult with an attorney to determine the legal options that are available to you.**

---

Submit Complaints to:  
District Administrator  
Third Judicial District Office  
1696 Greenview Drive SW  
Rochester, MN 55902