DEPARTMENT OF NATURAL RESOURCES

OAI-Civil rights complaint form
01-2025

Discrimination Complaint Form

The complaint must be filed **within one year** after the occurrence of the alleged discriminatory incident.

If the complaint is against a DNR Conservation Officer:

If the complaint is against a DNR Conservation Officer, please do **NOT** use this form. **Complete and sign the Complaint of Officer Misconduct Form**, and mail the completed and signed form to:

DNR, Division of Law Enforcement
500 Lafayette Road, Box 47
St. Paul, MN 55155-4047

If the alleged discrimination is not by the Department of Natural Resources:

If the alleged discrimination occurred in Minnesota, you may want to contact the Minnesota Department of Human Rights (MDHR) and/or call the MDHR Discrimination Helpline at 1-833-454-0148. When you call, translation/interpretation services are available.

This form is fully accessible to screen readers, allowing individuals with visual impairments to navigate and complete it independently using assistive technologies. Additionally, accommodations for individuals who are hearing impaired, such as assistance via relay services or other accessible formats, are available upon request. If you have any questions, require additional accessibility support, or need this form in an alternative format such as large print, braille, audio recording, or language assistance due to limited English proficiency, please contact the Department of Natural Resources (DNR) civil rights coordinator at civilrights.dnr@state.mn.us.

Privacy Notice

The DNR is asking you to provide information in this complaint form which includes private and/or confidential information under the Minnesota Government Data Practices Act. The DNR is asking for this private/confidential information so that it can investigate and respond to allegations of discrimination. You are not legally required to provide this information. However, if you do not provide sufficient information, the DNR may not be able to properly investigate your complaint.

The information you provide will be used by the DNR employees whose job assignments reasonably require access to the information. The following also have a legal right to access the information: exclusive representative for any DNR employee who becomes the subject of investigation in connection with your complaint; the arbitrator if discipline imposed on any such employee is appealed to arbitration; the Minnesota Attorney General's Office; the Minnesota Legislative Auditor's Office; law enforcement agencies and prosecutorial authorities; persons/entities named pursuant to court order; persons/entities whom you authorize; and any other person or entity authorized by state or federal law.

Please select the statement below to confirm you have read and understand this Privacy notice.

☐ I have read and understand this Privacy Notice.*

Your Personal Information

* means required field.

Do you feel that you have experienced discrimination by the Minnesota Department of Natural Resources ("the DNR"), its sub-recipients, consultants, or contractors?* ☐ **Yes** ☐ **No**

First Name*: _____ **Last Name*:** _____

Phone Number*: _____ **Email Address*:** _____

Preferred method of contact*: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Best time to contact you: _____

Are you represented by an attorney?* ☐ **Yes** ☐ **No**

Have you filed this complaint with any other governmental agency? ☐ **Yes** ☐ **No**

Basis of the Discrimination

I believe I was discriminated against based on my (check all that apply):*

- ☐ Race
- ☐ Color
- ☐ National Origin
- ☐ Religion
- ☐ Creed
- ☐ Sex
- ☐ Sexual orientation
- ☐ Gender identity
- ☐ Age
- ☐ Marital status
- ☐ Familial Status
- ☐ Disability
- ☐ Local Human Rights Commission Activity
- ☐ Status with regard to Public Assistance
- ☐ Other

If "Other," please explain:

_____

The Department of Natural Resources is an affirmative action employer.

Information of Agency, Business or Contractor that Allegedly Discriminated

Date Discrimination Occurred*:

Most Recent Date of Discrimination (if different from above):

Agency, Business, or Contractor Name:

Phone Number:

Address:

City: **State:** **Zip Code:**

Name(s) and Job Title(s) of Individual(s) Who Allegedly Discriminate:

Tell Us What Happened

Please explain in detail what happened, who was involved, and how you or other persons were discriminated against. If necessary, please provide a copy of written materials, video clips, photos, or other materials pertaining to your complaint with this form.*

What is Your Desired Outcome?

Briefly explain how you would like this matter to be resolved.

Submission

Attach any materials pertaining to the complaint* ☐ **Yes** ☐ **No**

☐ By checking here, I understand that this check is a legal signature confirming that I, the submitter of this form, warrant the truthfulness of the information provided.

Name: **Complaint Submission Date:**

Please submit this form and any documents pertaining to this complaint by:

1) Email to civilrights.dnr@state.mn.us

OR

2) Mail this form and other materials to

Yumi Finney, civil rights coordinator
Office of Access and Inclusion
500 Lafayette Road
St. Paul, MN 55155

Thank you.