

Mounds View Public Schools
350 Highway 96 West
Shoreview, MN 55126

Form EG-3111-A

DISCRIMINATION COMPLAINT FORM

To: _____ Date: _____
Grievant's Supervisor

From: _____ Building: _____
Grievant

Representative: _____

Name of Alleged Discriminator: _____

Date of Alleged Discrimination: _____

Nature of Grievance: _____
(Discrimination based on race, color, national origin, creed, religion, sex, marital status, economic status or disability. Include specific law, policy, or regulation allegedly violated.)

Informal Discussion: (date, place, persons present) _____

Resolution Requested: _____

Statement of Facts (Date, places, actions, statements. Attach additional page if needed.)

Signature of Grievant

Signature of Representative

c: Equal Opportunity Officer

Revised: 3-8-06 (address change only)