

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

Form EG-3111-B

SUPERVISOR REPORT ON DISCRIMINATION COMPLAINT

Date of Meeting to Resolve Grievance: _____

Persons in Attendance: _____

Terms of Resolution: _____

Requested Resolution denied because: _____

Relief granted because: _____

Date Signature of Grievant Signature of Alleged Discriminator

Signature of Supervisor Signature of Representative Signature of Representative

c: All Parties
Equal Opportunity Officer

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