

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

Form EG-3111-C

APPEAL OF GRIEVANCE DECISION

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Re: Discrimination Complaint

Attached hereto are records on the grievance I filed against \_\_\_\_\_  
Name of Alleged Discriminator  
on \_\_\_\_\_  
Date

I hereby appeal the decision on this matter made by \_\_\_\_\_  
Supervisor  
on \_\_\_\_\_  
Date

My reasons are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Grievant

c: All Parties  
Equal Opportunity Officer

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