

Attachments	
Please list and attach any documents you believe may help in reviewing your complaint.	
Document Title	Date of Document

Desired Resolution
Briefly state your desired resolution to the issue.

Signature			
I certify that the above statements are true and correct.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; text-align: center;"><i>Complainant Printed Name</i></td> <td style="width: 33%; border-top: 1px solid black; text-align: center;"><i>Signature</i></td> <td style="width: 33%; border-top: 1px solid black; text-align: center;"><i>Date</i></td> </tr> </table>	<i>Complainant Printed Name</i>	<i>Signature</i>	<i>Date</i>
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Complaint Acknowledgement			
<p><i>This form acknowledges receipt of a complaint. Responsible authorities will review the complaint to determine whether an investigation is warranted. If an investigation proceeds, it will be conducted in a timely, fair, and objective manner.</i></p> <p><i>Investigations and other actions taken in response to this complaint are subject to any applicable processes under applicable collective bargaining agreements and plans, including applicable review and/or appeal procedures.</i></p> <p><i>All data associated with this complaint, including any investigation and any outcome, are government data. The release or non-release of this data is governed by the Minnesota Government Data Practices Act (MGDPA).</i></p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; text-align: center;"><i>Acknowledgement of Receipt – Printed Name</i></td> <td style="width: 33%; border-top: 1px solid black; text-align: center;"><i>Signature</i></td> <td style="width: 33%; border-top: 1px solid black; text-align: center;"><i>Date</i></td> </tr> </table>	<i>Acknowledgement of Receipt – Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>Acknowledgement of Receipt – Printed Name</i>	<i>Signature</i>	<i>Date</i>	