Hastings Public Schools Human Rights Complaint Form



Date Complaint Filed:	Date of Occurrence:
Name:	
Home Address:	
Daytime Phone Number where you can be reached:	
Please provide the specific reasons details, date(s), an (Please use the reverse side if more space is necessary)	d time(s) of the occurrence that you wish to register:
Signature:	
Completed complaint forms should be directed to the: Deanna Werner, Human Rights Officer Hastings Public Schools	

Deanna Werner, Human Rights Officer Hastings Public Schools 1000 West 11th Street Hastings, MN 55033

Date Received: _____