

City of Vernon Center, MN

Discrimination Form

Name \_\_\_\_\_ (Please Print)

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please explain the nature of your complaint:

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How do you feel you have been discriminated against and in what city program or service?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date