Minnesota Nonpublic Pupil Aid Complaint Submission Form

Complaint Information

Your Name: _____

Phone Number: _____

Address: _____

Email: _____

I am submitting a complaint against: _____

I have brought my concerns to the school district: ☐ Yes ☐ No

What is the alleged violation?

Return this form to:

Cindy S. Jackson
Minnesota Department of Education
Office of Equity and Innovation
1500 W Highway 36
Roseville, MN 55113-4266
651-582-8572
cindy.s.jackson@state.mn.us