



ork. Thrive.

Industries, Inc.
A Division of PHASE

CORPORATE OFFICE

PO Box 126
Sandstone, MN 55072
320-245-2246
320-245-0431 Fax

www.pinehab.org

email: info@pinehab.org

PHASE DIVISION

PHASE North
106 Main
Sandstone, MN 55072
320-245-2246

PHASE South
23385 Freeway Blvd
Pine City, MN 55063
320-629-7805

PHASE Furnishings
13385 Freeway Blvd
Pine City, MN 55063
320-629-7805 ext 23

PHASE Recycling
104 Main
Sandstone, MN 55072
320-245-2242

INDUSTRIES DIVISION

Cambridge Office
601 S. Cleveland
Cambridge, MN 55008
763-689-5434
763-552-1281 Fax
877-399-3460 Toll Free

Mora Office
500 S. Walnut Street
Mora, MN 55051
320-679-2354
320-679-2355 Fax

Good Works Thrift Store
200 Highway 65
Mora, MN 55051
320-679-6857

Consent/Release Form for Discrimination Complaints

Appendix D

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

As a complainant, I understand that in the course of an investigation it may become necessary for Pine Habilitation and Supported Employment, Inc., hereafter referred to as "PHASE," to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of PHASE to honor requests under the Freedom of Information Act. I understand that it may be necessary for PHASE to disclose information, including personally identifying details, which it has gathered as part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by PHASE' policies and practices from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by PHASE.

Please check one:

I CONSENT and authorize to have PHASE, as part of its investigation, reveal my identity to persons at the organization, business or institution, which has been identified by me in my formal complaint of discrimination. I also authorize PHASE to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release, and do so voluntarily.

I DENY CONSENT to have PHASE reveal my identity to persons at the organization, business or institution under investigation. I also deny consent to have PHASE disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing PHASE to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature _____

Date _____

Sign and submit the complaint form, consent form and any additional information to:
Title VI Coordinator
PHASE
106 Main, PO Box 126
Sandstone, MN 55072