



STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS



20 West 12th Street, Room 206 • St. Paul, MN 55155 • (651) 296-2562  
Fax (651) 296-3954 • MinnesotaVeteran.org • 1-888-LinkVet

**PETITION FOR RELIEF  
UNDER THE  
MINNESOTA VETERANS PREFERENCE ACT**

**Veteran,** \_\_\_\_\_ petitions the Commissioner of the Minnesota Department of Veterans Affairs (MDVA) for relief of the denial of Veterans Preference rights, under Minnesota Statutes §197.481 (Enforcement).

**Please provide all the following information.**

**1) FACTUAL SITUATION LEADING TO THIS PETITION:**

**In the space below:** Write concise statements of, (1) the facts giving rise to your veterans preference rights, and (2) the manner in which those rights were denied.

Identify the specific Minnesota Statute(s): §43A.11 (State of Minnesota Hiring), §197.455 (Local Government Hiring), §197.46 (Termination) or §197.48 (Application of other Laws), that provide(s) your veterans preference rights.

**Example:** *“The City violated my Veterans Preference rights as granted by Minnesota Statutes §197.46, by terminating me without a veterans preference hearing.”*

An Equal Opportunity Employer

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2) **PARTIES INVOLVED:** Below, list the names, telephone numbers, and addresses of all agencies and persons that will be directly affected if this Petition is granted.

**Example:** “City of Minnehaha, John Doe, Human Resource Director, address, telephone number, and/ or whomever notified you in writing of your employment status.”

Public Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Public Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Public Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

3) **RELIEF REQUESTED:** Indicate below what relief you want as a result of this Petition. You must state what, in your view, the public employer should be ordered to do to grant you relief.

**Example:** “Full Reinstatement, Back Wages, Benefits Restored.”

- 4) **VETERAN'S NAME:** Your name, address, telephone number and notarized original signature.

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**ACKNOWLEDGED SIGNATURE:** You may fill out and save this Petition for Relief Form electronically, but you **MUST print and sign** this Form **in the presence of a Notary Public.**

\_\_\_\_\_  
Veteran

STATE OF MINNESOTA                    )  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

- 5) **DD214 SEPARATION OR DISCHARGE FROM ACTIVE DUTY:** Please submit a legible copy of your DD214 (Member Copy 4) along with this Petition for Relief Form. To be granted relief, "Veteran" status, under Minnesota Statutes §197.447, must be verified by the Minnesota Department of Veterans Affairs.

Please submit this completed Petition and DD214 copy **via United States Mail** to:

Commissioner  
Minnesota Department of Veterans Affairs  
Veterans Service Building  
20 West 12<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Saint Paul, MN 55155-2079