Complaint forms returned to:
Madison Metropolitan School District
Legal Services
545 W. Dayton Street, Room 104
Madison, WI 53703

Complaint of Discrimination

Contact Information:

Name:	Department/Division (Employee)
Home Address:	Job Title (Employee)
City/State/Zip:	
Cell/Home Phone:	Work Phone (may we call this number: Yes ○ No ○)

Check One:

○ Student	○ Parent	○ Visitor	○ Employee	○ Applicant for Employment	Other_____

Cause of Discrimination:

○ Age	○ Marital Status	○ Sexual Orientation	○ Genetic Identity (Employee)
○ Color	○ National Origin/Ancestry	○ Pregnancy (Student/Employee)	○ Less Than Honorable Discharge (Visitor)
○ Disability	○ Race	○ Parental Status (Student)	○ Physical Appearance (Visitor)
○ Gender Expression	○ Religion/Creed	○ Arrest Record (Employee/Visitor)	○ Political Beliefs (Visitor)
○ Gender Identity	○ Retaliation	○ Conviction Record (Employee/ Visitor)	○ Student Status (Visitor)
○ Homelessness	○ Sex	○ Military Service Membership (Employee)	

Where did incident occur: _____

Date of most recent incident: _____
(complaint should be filed within 300 days of most recent incident)

Have you reported this incident to anyone? Yes ○ No ○
If yes, to whom, what is their position?: _____

Name(s) of alleged offender(s) (if known):	School/Dept	Student		Employee	
		Y ○	N ○	Y ○	N ○
		Y ○	N ○	Y ○	N ○
		Y ○	N ○	Y ○	N ○

Please describe each alleged discriminatory act. For each action, please include the date(s) the act occurred, the name(s) of each person(s) involved and, why you believe it was discrimination. Also, please provide the names of any person(s) who was present and witnessed the act(s) of discrimination. (Please attach additional sheets if necessary)

Signature of Complainant:	Date:

(revised 6/2016)