

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 <input type="radio"/> No <input type="radio"/>	

Check One:

<input type="radio"/> Student	<input type="radio"/> Parent	<input type="radio"/> Visitor	<input type="radio"/> Employee	<input type="radio"/> Applicant for Employment	Other _____
-------------------------------	------------------------------	-------------------------------	--------------------------------	--	-------------

Cause of Discrimination:

<input type="radio"/> Age	<input type="radio"/> Marital Status	<input type="radio"/> Sexual Orientation	<input type="radio"/> Genetic Identity (Employee)
<input type="radio"/> Color	<input type="radio"/> National Origin/Ancestry	<input type="radio"/> Pregnancy (Student/Employee)	<input type="radio"/> Less Than Honorable Discharge (Visitor)
<input type="radio"/> Disability	<input type="radio"/> Race	<input type="radio"/> Parental Status (Student)	<input type="radio"/> Physical Appearance (Visitor)
<input type="radio"/> Gender Expression	<input type="radio"/> Religion/Creed	<input type="radio"/> Arrest Record (Employee/Visitor)	<input type="radio"/> Political Beliefs (Visitor)
<input type="radio"/> Gender Identity	<input type="radio"/> Retaliation	<input type="radio"/> Conviction Record (Employee/ Visitor)	<input type="radio"/> Student Status (Visitor)
<input type="radio"/> Homelessness	<input type="radio"/> Sex	<input type="radio"/> 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 <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>
		Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>
		Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>
		Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>

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:
---------------------------	-------