

**Middleton School District  
COMPLAINT FORM**

**To be completed by the parent, guardian, or unaccompanied youth when a McKinney-Vento dispute arises.**

Date:

Name of student(s):

Person completing form:

Relation to student(s):

I may be contacted at (phone/email):

I wish to appeal the enrollment decision made by:

Name of School:

I have been provided with (please check all that apply):

\_\_\_\_\_ A written explanation of the school's decision.

\_\_\_\_\_ The contact information of the school district's local homeless education liaison.

\_\_\_\_\_ A copy of the state's dispute resolution process for students experiencing homelessness.

Optional: You may include a written explanation in the space below to support your appeal or you may provide your explanation verbally.

The school provided me with a copy of this form when I submitted it. \_\_\_\_\_ (Please initial.)