

Filing Status (Please Check)

- Employee
- Applicant for Employment
- Student
- Parent
- District Resident
- Other

**GENERAL COMPLAINT FORM**  
 Madison Metropolitan School District  
 545 West Dayton Street, Madison WI 53703

Name:		Home Address (Number & Street):	City, State, Zip
Home Phone:	Business Phone:	Business Address (Number & Street):	City, State, Zip

<b>RESPONSIBLE PARTIES</b> (Name all relevant persons.)	
<b>Name:</b>	<b>Job Title:</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Please use the space below to respond to questions 1 through 3. Attach additional sheets if necessary.

1. What happened? (Include all important times, dates, names and events.)
2. What action have you taken up to now?
3. What action do you wish the District to take?

Signature of Complainant:

Date: