

**FILING STATUS
(Please Check)**

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

**COMPLAINT OF DISCRIMINATION
TITLE IX/AFFIRMATIVE ACTION OFFICE
Madison Metropolitan School District
545 W. Dayton Street, Madison, WI 53703**

COMPLAINANT DATA	Name	Job Title	Department/Division
	Home Address (Number, Street)	Employing Unit	Business Phone
	City, State, Zip	Business Address (Number, Street)	
	Home Phone	City, State, Zip	

NATURE OF COMPLAINT	CAUSE(S) OF DISCRIMINATION (Check appropriate box(es))	
	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Harassment <input type="checkbox"/> National Origin SEX <input type="checkbox"/> Handicap	
	Other (Specify): _____	
	ISSUES INVOLVED (Check appropriate box(es))	
	<input type="checkbox"/> Recruitment <input type="checkbox"/> Job Classification <input type="checkbox"/> Promotion/Transfer <input type="checkbox"/> Disciplinary Actions <input type="checkbox"/> Qualification/Testing <input type="checkbox"/> Compensation <input type="checkbox"/> Retaliation <input type="checkbox"/> Recall From Layoff <input type="checkbox"/> Training/Career Development <input type="checkbox"/> Benefits <input type="checkbox"/> Termination <input type="checkbox"/> Exclusion/Program Access <input type="checkbox"/> Hiring Procedures <input type="checkbox"/> Terms & Conditions <input type="checkbox"/> Demotion <input type="checkbox"/> Segregated Facilities	
	<input type="checkbox"/> Other (Specify): _____	
	RESPONSIBLE PARTIES (Name all relevant persons, agencies, departments, etc.)	Date most recent or continuing discrimination took place (month, day, year)

STATEMENTS OF COMPLAINANT	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
	Signature of Title IX/Affirmative Action Representative	Title	Date