

**Madison City Schools**  
**Complaint/Grievance Form**

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This form may be used to submit a complaint/ grievance authorized by Board Policy 4.6 [Complaints and Grievances].

**Check One:**

Student     Parent/Guardian     Employee     Other: \_\_\_\_\_  
(describe)

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(if applicable)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Preferred method of contact (check one):

Regular Mail     E-mail     Work Phone     Home Phone

Describe the grievance, including the date(s) of the act, omission or decision that is the subject of the complaint/grievance, and all pertinent facts supporting the complaint/grievance, including the names of any people who can provide information regarding the complaint/grievance:

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(Attach additional paper, if needed.)

Identify (and attach) any Board policy, procedure, or work rule that has been violated or misapplied, if any:

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(Attach additional paper, if needed.)

Identify supervisors, administrators, or other decisionmakers whose actions led to the filing of the grievance, and all witnesses or other persons having information that is relevant to the grievance:

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(Attach additional paper, if needed.)

Description of Efforts Made to Resolve the Problem or Complaint (If No Such Effort Has Been Made to Date, Explain Why):

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(Attach additional paper, if needed.)

Do you have suggestions for resolving this situation? If so, list them here:

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(Attach additional paper, if needed.)

Attach documents or other evidence that is relevant to the complaint/grievance.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Date Grievance Received: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Date Decision Delivered: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Date Appeal of Grievance Received: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Date Appeal Decision Delivered: \_\_\_\_\_ Superintendent: \_\_\_\_\_