

**Madison City Schools**  
**Student Grievance Form based on Harassment,**  
**Sexual Harassment, and Other Grievances or Complaints**

By completing this form, I am filing a grievance or complaint against the person named below. I request that my grievance be heard and request an appropriate response or corrective action.

This Grievance or Complaint is based on :

\_\_\_\_\_ Harassment, Violence or Threats of Violence by a student  
\_\_\_\_\_ Sexual Harassment  
\_\_\_\_\_ Other Complaint or Grievance, specifically: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Who is the person against whom you wish to file this grievance: \_\_\_\_\_

What did this person do: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State specifically what the person did and how it affected you (Attach additional paper, if needed.)

When did this happen (over what time if continuing or more than once):

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

(Attach additional paper, if needed)

Student Signature (or parent/guardian): \_\_\_\_\_

Printed Name: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Date Grievance Received: \_\_\_\_\_ Principal: \_\_\_\_\_

Date Reply Delivered: \_\_\_\_\_ Principal: \_\_\_\_\_

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

Date Appeal Reply Delivered: \_\_\_\_\_ Superintendent or Designee: \_\_\_\_\_