

Kenosha Unified School District
Title IX Formal Complaint Form

The purpose of this form is to provide a fair and equitable process for the resolution of complaints. This form applies only to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

Please fill out this form completely. If you need more space, use a separate sheet(s) of paper. The

Witnesses.

Identify by name, telephone number, and address all witnesses you believe have knowledge of the actions described above. Provide a summary of the facts known by each witness.

Did you discuss this matter with any of the witnesses identified above? If yes, please identify with whom you have spoken, the date of such communication, and the method of communication.

Prior Reports. Have you spoken to any administrator(s) or other school employee(s) about this matter? If yes, please identify to whom you have spoken to, the date of such communication, the method of communication, and the outcome of such communication.

Documents. Please attach any statements, names of witnesses, reports, or other documents which you feel are relevant to your complaint.

Certification

I certify that the foregoing information is true and correct.

Signature

Date

Printed Name