## Kenosha Unified School District Title IX Formal Complaint Form

The purpose of this Title IX complaint form is to gather the essential facts as to the alleged actions to allow for the prompt and equitable resolution to complaints based on sex discrimination, including complaints of sexual harassment or sexual violation in violation of Title IX of the Education Amendments of 1972 ("Title IX"). 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 completed form should be submitted to one of the District's Title IX Coordinators as soon as possible after the occurrence of the alleged discrimination.

Name of Complainant:	DATE AND TIME RECEIVED
	(for District use only)
Contact Information:	NAME OF INDIVIDUAL RECEIVING COMPLAINT
	(for District use only)
Student Grade, if applicable:	DISTRICT CASE NO.:
	(for District use only)
School/Department (Location):	
Nature of Complaint. Please describe in detail the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary.	
<b>Location of Alleged Title IX Conduct.</b> Please describe in detail the location in which the actions took place.	
Date/Time of Conduct/Action. Please describe when the action occurred.	

Witnesses.	
Identify by name, telephone number, and actions described above. Provide a sumn	address all witnesses you believe have knowledge of the nary of the facts known by each witness.
	e witnesses identified above? If yes, please identify with communication, and the method of communication.
	administrator(s) or other school employee(s) about this ou have spoken to, the date of such communication, the me of such communication.
<b>Documents.</b> Please attach any statement you feel are relevant to your complaint.	its, names of witnesses, reports, or other documents which
Certification	
I certify that the foregoing information	is true and correct.
Signature	 Date
Printed Name	