

COMPLAINT FORM

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone Number _____

Status

Employee Student Other (Specify) _____

Complaint Information

Date of Incident _____ Time of Incident _____

Location of Incident _____

Please describe the incident in detail:



Witness Information

If there are others who have witnessed the incident, please provide their names and phone numbers below:

- 1. Name _____
Phone Number _____
- 2. Name _____
Phone Number _____
- 3. Name _____
Phone Number _____
- 4. Name _____
Phone Number _____
- 5. Name _____
Phone Number _____

Is this the first time you have raised this concern about this matter?

Yes No

If this is not the first time you have raised this concern, who did you raise this concern with previously.

Do you have any suggestions for resolving the matter? If so, please explain.

Do you have any additional information or concerns? If so, please explain.

What is the best way to contact you about this matter? Email Phone

Are you willing to come to the District to speak with someone in person about this matter?

Yes No

****If you wish to remain anonymous you do not have to put your name on this form. Submit the form to the John J. Hosmanek Education Support Center c/o The Office of Human Resources at 3600 52nd Street, Kenosha, Wisconsin 53144.***