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# Milwaukee School of Engineering (MSOE)

## Sexual Misconduct Formal Complaint Form

Last Revision: October 8, 2020

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### Scope

This Formal Complaint Form is an official document filed by a Complainant alleging sexual misconduct against a Respondent *and requesting that MSOE investigate the allegation*. A Complainant means an individual who is alleged to be the victim of conduct that could constitute sexual misconduct. A Respondent is an individual who has been reported to be the perpetrator of conduct that could constitute sexual misconduct. If you believe that you have been the victim of sexual misconduct, and if you want MSOE to investigate and to resolve the matter, please use this Formal Complaint Form to report the alleged misconduct to the Milwaukee School of Engineering (MSOE) in as complete and accurate manner as possible.

This Formal Complaint Form *must* be completed and filed with MSOE in an alleged Title IX-based sexual misconduct situation. For more information on MSOE's Title IX-based sexual misconduct procedures, please refer to the *Milwaukee School of Engineering (MSOE) Policy for Title IX-Based Sexual Misconduct* (available at <https://www.msoe.edu/campus-experience/student-support-services/wellness-center/title-ix/>).

To be considered complete, this Formal Complaint Form *must* be signed by the Complainant (or, in some circumstances, by the MSOE Title IX Coordinator). See page 2 of this Formal Complaint Form.

### Your Rights

- **In filing this Formal Complaint Form with MSOE, you have the right to receive an informative, helpful, and transparent explanation of sexual misconduct policies and procedures at the University**, including the Title IX-based sexual misconduct adjudication and resolution process.
- **You have the right to privacy with respect to MSOE personnel**. Privacy here means that MSOE will take reasonable steps to ensure that information related to this complaint will be shared only with a limited number of MSOE employees who have a “need to know” in order to assist in any phase throughout the resolution process associated with the complaint.
- **You have the right to know that unless otherwise stipulated, information in this complaint will also be shared with parties associated with the complaint, including the alleged Respondent**. In an alleged Title IX sexual misconduct situation, a copy of this completed Formal Complaint Form will be released to the alleged Respondent in a manner that comports with FERPA requirements. Information in this complaint may also be shared with other individuals associated with the matter, including witnesses.
- **With respect to an alleged Title IX sexual misconduct situation, in completing this Formal Complaint Form, you have the right to request that your name or other identifiable information not be disclosed to the alleged Respondent and other individuals associated with the matter**. However, this request will likely *limit* MSOE's ability to respond to the matter. To make this request, you must indicate the request in writing on this Form, or make the request in writing to the MSOE Title IX Coordinator.
- **You have the right to *not* complete this Formal Complaint Form and instead to maintain confidentiality**. At MSOE, “confidentiality” in this context means that when you discuss an alleged sexual misconduct incident with another person, that person will not share the information with anyone else. For confidential reporting options at MSOE, please refer to the *Milwaukee School of Engineering (MSOE) Policy for Title IX-Based Sexual Misconduct* (available at <https://www.msoe.edu/campus-experience/student-support-services/wellness-center/title-ix/>).
- **You have the right to freely discuss this complaint with advisors and with other people whom you wish to consult**.
- In addition to filing this Formal Complaint Form with MSOE, **you have the right to file a complaint with MSOE's Public Safety Department and with the Milwaukee Police Department**.
- **You have the right to receive supportive measures from MSOE in an alleged Title IX sexual misconduct situation**. Whether or not you choose to file this Formal Complaint Form with MSOE, if you believe that you are victim of alleged sexual misconduct, and if

MSOE's Title IX Coordinator has been notified of the alleged misconduct and has determined that the misconduct may implicate Title IX, the Coordinator will offer appropriate supportive measures, such as counseling and medical services. For more information, please refer to the *Milwaukee School of Engineering (MSOE) Policy for Title IX-Based Sexual Misconduct* (available at <https://www.msoe.edu/campus-experience/student-support-services/wellness-center/title-ix/>). For alleged misconduct that does not implicate Title IX, the Coordinator has the exclusive right to determine if supportive measures may be offered.

- **You have the right to withdraw this complaint after filing it with MSOE.** To withdraw the complaint, you must make the request in writing to the MSOE Title IX Coordinator. For more information on withdrawing this complaint, please refer to the *Milwaukee School of Engineering (MSOE) Policy for Title IX-Based Sexual Misconduct* (available at <https://www.msoe.edu/campus-experience/student-support-services/wellness-center/title-ix/>).

## Instructions

Please complete this Formal Complaint Form as thoroughly and as accurately as possible.

This completed Formal Complaint Form must be submitted to the MSOE Title Coordinator:

Kip Kussman  
Dean of Students  
MSOE Title IX Coordinator  
CC-346  
414-277-2386  
[kussman@msoe.edu](mailto:kussman@msoe.edu)

<p><b>Office of the MSOE Title IX Coordinator</b></p> <p>Date Received: _____</p>
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**Signature of the Complainant:** \_\_\_\_\_

**Print Name of the Complainant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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In some circumstances, the MSOE Title IX Coordinator may sign this Form. Refer to the *Milwaukee School of Engineering (MSOE) Policy for Title IX-Based Sexual Misconduct* for details.

**Signature of the Title IX Coordinator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Information Concerning the Complainant**

**NAME:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_ (If none, write N/A)

**EMAIL ADDRESS:** \_\_\_\_\_

**ADDRESS (on campus):** \_\_\_\_\_ **ADDRESS (off campus):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK HERE IF YOU ARE AN MSOE STUDENT**

**CURRENT CLASS STANDING (e.g., first-year, second-year):** \_\_\_\_\_

**ACADEMIC PROGRAM(S):** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**CHECK HERE IF YOU ARE AN MSOE EMPLOYEE**

**DEPARTMENT:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**CHECK HERE IF YOU ARE NOT AN MSOE STUDENT OR AN MSOE EMPLOYEE**

If you are not an MSOE student or MSOE employee, please provide details.

## Information Concerning the Alleged Incident

### The Alleged Respondent

If known, state the name(s) of, and contact information for, the accused individual(s) responsible for committing the alleged sexual misconduct. If unknown, write “unknown,” but include a description or any known information about the accused. This person is officially known as the Respondent. If there is more than one alleged Respondent, provide information on all Respondents on a separate sheet.

**NAME OF THE RESPONDENT:** \_\_\_\_\_

**RESPONDENT CONTACT INFORMATION (if known—e.g., phone number, email address):** \_\_\_\_\_

### DESCRIPTION OF RESPONDENT (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Partner/lover/hook-up | <input type="checkbox"/> Staff employee      |
| <input type="checkbox"/> Friend/acquaintance   | <input type="checkbox"/> Advisor             |
| <input type="checkbox"/> Roommate              | <input type="checkbox"/> Supervisor          |
| <input type="checkbox"/> Family member         | <input type="checkbox"/> Colleague/co-worker |
| <input type="checkbox"/> Stranger              | <input type="checkbox"/> Student             |
| <input type="checkbox"/> Recently met          | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Professor/Faculty     | <input type="checkbox"/> Unknown             |
| <input type="checkbox"/> Teammate              |  |

If “Stranger,” “Other,” or “Unknown,” please describe:

**The Alleged Incident**

**DATE OF ALLEGED INCIDENT (if known – if unknown, indicate approximate date):** \_\_\_\_\_

**TIME OF ALLEGED INCIDENT (if known – if unknown, please indicate approximate time):** \_\_\_\_\_

Check one:  AM       PM

**LOCATION OF ALLEGED INCIDENT (check all that apply):**

- MSOE Residence Hall:
- MSOE classroom/lab:
- Other MSOE Building or Property:
- Off-campus location.

Please indicate address and/or approximate location:

- Online.

If “Online,” please describe:

- Other.

If “Other” location, please describe:

**DESCRIPTION OF ALLEGED INCIDENT (check all that apply):**

- Sexual contact (any contact of a sexual nature without penetration) without consent
- Sexual penetration (vaginal and/or anal intercourse, cunnilingus, fellatio, and other intrusion of a body part by a foreign object) without consent
- Rape
- Sodomy
- Dating violence
- Abduction/involuntary restraint
- Hostile environment sexual harassment
- Alleged Respondent holds position of authority (boss, professor)
- Sexual discrimination
- Threat of negative social, academic or employment consequences
- Complainant asleep/unconscious
- Voluntary drugs and/or alcohol use
- Other
- Presence of a weapon
- Threat or use of physical force or harm
- Complainant under age of 18
- Attempted sexual penetration without consent
- Domestic violence
- Stalking
- Fondling without consent
- Quid pro quo sexual harassment
- Sexual exploitation
- Involuntary drugs and/or alcohol use

If "Other," please describe:

**PLEASE DESCRIBE AS ACCURATELY AND AS CLEARLY AS POSSIBLE THE ALLEGED SEXUAL MISCONDUCT INCIDENT.**

**PLEASE INCLUDE ALL EVENTS, DATES, TIMELINES, LOCATIONS, NAMES OF ALL PEOPLE ASSOCIATED WITH THE INCIDENT, DESCRIPTIONS, AND ALL OTHER DETAILS.**

**PLEASE INDICATE ANY PREFERENCES OR REQUESTS THAT YOU MAY HAVE AT THIS TIME CONCERNING MSOE'S INVESTIGATION OF THE ALLEGATION.**