

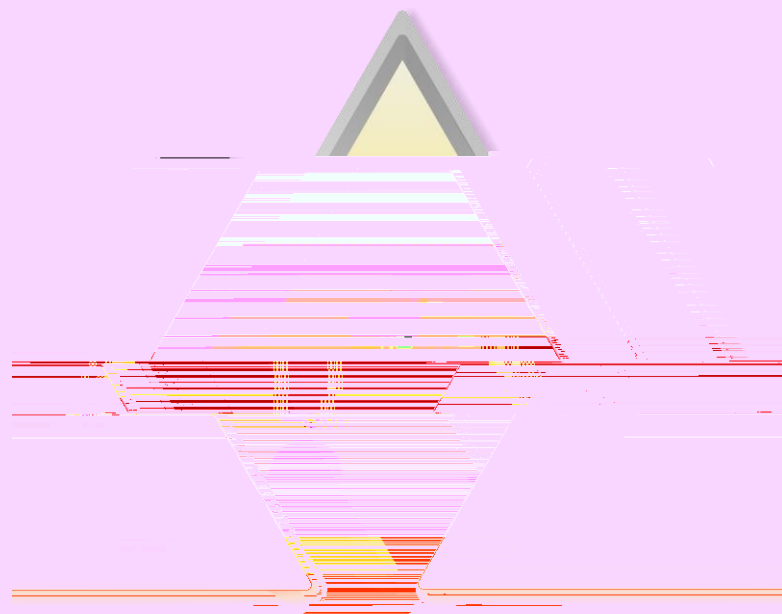






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WISCONSIN STATE OFFICE of Civil Rights and ADA Compliance

Disaster Relief Information

If you wish to receive emergency relief and complete the fields relating to potential future disaster relief as appropriate.

Your full name:

Your phone number:

Your email address:

Your physical address:

Incident Info

Time of incident:

Location of incident *(required)*:

Specific location:

Involved Parties

Please list the names of everyone involved in this incident. If any are contributors, please





Courtney D. McHenry, Ph.D., CAAP, CDE
Associate Vice President
University Title IX Coordinator

Preston Schroeder, MA
Director of Investigations

Crissy Magee, MSOD, ADAC
ADA/504 Coordinator





Stephanie Hearnen, M.A.
Assistant Director for Clery Compliance & Education

Holly R. Cole, J.D.
Title IX & Civil Rights Investigator

Chelsah Penick, M.A.
Title IX & Civil Rights Investigator





Linda Sims
Case Management & Office Coordinator

CTAC Programming Assistant
Vacant

CTAC Programming Assistant
Vacant



NEW LOCATION!

