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**Civil Rights Compliance On-Site Visit**

**Primary Contact Form**

District Administrator:

Please select the district onsite coordinator for this visit within ten days from original letter receipt date. This person will receive all correspondence related to this review.

**District Visit Contact Person Information**

Please complete the contact information in the following table:

|  |  |
| --- | --- |
| District Name: |  |
| Primary Contact Name: |  |
| Primary Contact Title: |  |
| Primary Contact Telephone: |  |
| Primary Contact Email Address: |  |
| Primary Contact Mailing Address: |  |

Please mail completed form with digital signature to:

Julie Jonuzi

[julie.jonuzi@dpi.wi.gov](mailto:julie.jonuzi@dpi.wi.gov%20)

WI Department of Public Instruction

Career and Technical Education Team

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Thank you