



TITLE IX COMPLAINT FORM

The District complies with the Civil Rights Laws, including but not limited to Title IX of the Education Amendments of 1972. It is the express policy of the board of education to encourage student victims of sexual harassment to come forward with such claims.

Students who feel that administrators, supervisors, support personnel, teachers, or other students are subjecting them to sexual harassment are encouraged to report these conditions, or have their parents report these conditions, to the Title IX Coordinator. Any employee to whom such a report was made will provide notice of the report to the Title IX coordinator.

Title IX complaints can be submitted by contacting the Title IX Coordinator in person, by mail, by phone, by submitting this form, or by email at the contact information provided below:

Deisy Escalera
Staff Attorney
Address: Clara Luper Center for Educational Services
615 N. Classen Blvd.
Oklahoma City, OK 73106
Phone: (405) 587-0351
Email: adescalera@okcps.org

COMPLAINANT'S PERSONAL INFORMATION		
First and Last Name (Legal):		
Street Address:		
City:	State:	Zip:
Cell Phone Number:		
Email:		
School:	Student ID:	

RESPONDENT'S INFORMATION - Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct.	
Respondent's Name:	Respondent's School/Department:
Respondent's Name:	Respondent's School/Department:
Respondent's Name:	Respondent's School/Department:

COMPLAINT INFORMATION
<p><u>Type of Complaint:</u></p> <p><input type="checkbox"/> Sexual Harassment</p> <p><input type="checkbox"/> Sexual Assault</p> <p><input type="checkbox"/> Gender Based Harassment</p> <p><input type="checkbox"/> Dating Violence</p> <p><input type="checkbox"/> Stalking</p> <p><input type="checkbox"/> Retaliation</p> <p><input type="checkbox"/> Cyber Bullying</p> <p><input type="checkbox"/> Other _____</p>
<p><u>Dates incident(s) occurred:</u></p> <p>Earliest: _____</p> <p>Latest: _____</p> <p><input type="checkbox"/> Continuing Action</p>

WITNESS INFORMATION - please identify witnesses to the incident(s) or those who have knowledge of the incident(s). Please attach additional names if needed.

Witness Name #1:	Relationship to you:
Phone Number:	Email:
Witness Name #2:	Relationship to you:
Phone Number:	Email:
Witness Name #3:	Relationship to you:
Phone Number:	Email:

Did you discuss this matter with any of the witnesses previously identified? Please provide the name of the witness, the date you spoke to them, and method of communication.

Please identify any OKCPS administrators, employees, or law enforcement agency to whom you have reported your concerns:



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I, _____, attest that the information that I have provided above is correct and accurate.

Complainant Full Name

Complainant Signature

Date