TITLE IX COMPLAINT FORM

Great Plains Christian School 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 parent/guardian 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 phone, by mail, by submitting this form, or by email at the contact information provided below:

Julia Miller
Superintendent
Address: Great Plains Christian School
730 County Road 1330
Chickasha, OK 73018
Phone: 405-596-0406
Email: greatplainschristianschool@outlook.com

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

RESPSONDENT'S INFORMATION- Please list the individual(s) allege 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

Type of Complaint:

- ☐ Sexual Harassment
- ☐ Sexual Assault
- ☐ Gender Based Harassment
- ☐ Dating Violence
- ☐ Stalking
- ☐ Retaliation
- ☐ Cyber Bullying
- ☐ Other _____

Dates incident(s) occurred:

Earliest: _____

Latest: _____

☐ Continuing Action

NATURE OF COMPLAINT

Please specifically describe your complaint against the named person(s) in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. Identify: Who, What, When, and Where)

(Please attach additional pages, if necessary)

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

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

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

TITLE IX COMPLAINT FORM

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

_____

Complainant Full Name

_____ _____

Complainant Signature Date