 PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”) can be resolved as expeditiously and appropriately as possible.

This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination.

Contact out Title IX Coordinator:
Shawna Salkil, shawna.salkil@epiccharterschools.org, 405-749-4550, Ext. 276

1. Name of Complainant: ________________________________________________________________

Contact Information: __________________________________________________________________

Home Address City/State/Zip Home Phone

Student Grade: ___________________

Employee School Office Location: __________________________________________________________________

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

3. When did the actions described above occur?

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________
4. Are they any witnesses to this matter? (Please circle) Yes No
If yes, please identify the witnesses:
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

5. Did you discuss this matter with any of the witnesses identified in Item 4? (Please circle) Yes No
If yes, please identify the person with whom you have spoken: ________________________________
Date: ________________
Method of Communication:
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

6. Have you spoken to any administrator(s) or other district employee(s) about this matter? (Please circle) Yes No
If yes, please identify the person with whom you have spoken: ________________________________
Date: ________________
Method of Communication:
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

7. Please describe the result of the discussion(s) identified in Item 6:
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Print Name
________________________________________
Signature
Date

EPIC CHARTER SCHOOLS TITLE IX COMPLAINT FORM PAGE 2