



OFFICIAL COMPLAINT/COMPLIANCE FORM

The information on this form and any documentation regarding your compliance concern/ complaint is **confidential**. If you need assistance completing this form, please call 405-595-4483.

***Name:**

(Last Name)

(First Name)

(MI)

Address:

(Street)

(City)

(State)

(Zip Code)

***Day Telephone**(including area code): _____ **Alternate Phone:** _____

Mailing Address (if different):

(Street)

(City)

(State)

(Zip Code)

***COMPLAINANT: (PLEASE CHECK ONE)**

- High School Student
- Stakeholder

- Full Time Adult Student
- Parent/Guardian

- BIS/ACD Client
- Employee

***TYPE OF COMPLAINT:**

- | | | |
|---|--|---|
| <input type="checkbox"/> Race, Color | <input type="checkbox"/> Harassment / Bullying | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Demeaning/Intimidation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Conflict/Disagreement |
| <input type="checkbox"/> Age Discrimination | <input type="checkbox"/> National Origin | <input type="checkbox"/> Genetic |
| <input type="checkbox"/> Parental Rights | <input type="checkbox"/> Disability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sex/ Gender | <input type="checkbox"/> Harassment / General | |

***NAME OF ALLEGED HARASSER** _____

***DATE VIOLATION OCCURRED:** _____

***WITNESSES** _____

PROVISION OF BOARD POLICY VIOLATED

- (BP-5020) Harassment, Intimidation, Bullying, Retaliation and/or Threatening Behavior
- (BP-2031) Equal Opportunity/Diversity/Civility and Respect/Non-Discrimination

***DETAILS BASIS OF COMPLAINT** (to include nature, context and extent of prohibited activity)
(If needed, use the back of this sheet for additional explanation or detail.)

COMPLAINANT (Name of person filing complaint)

(Date)

CAMPUS/COMPLIANCE OFFICER

(Date Received)

- Required