

Western Gateway Elementary School

TITLE IX COMPLAINT FORM

Title IX is a federal law that states: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

Western Gateway Elementary School is committed to maintaining a working and learning environment free from all forms of sex discrimination, including sexual harassment.

Students who believe that they have been the victim of sexual harassment by an administrator, teacher, support personnel, or (an)other student(s) are encouraged to make a report, or have their parents make a report, by filling out the following form and submitting it to the Head of School, who is the School's Title IX Coordinator.

Forms may be submitted in person, by mail, or by email at the contact information provided below:

Heather Zacarias
Head of School
1300 SW 15th Street
Oklahoma City, OK 73108
Email: hzacarias@westerngateway.school

If you need assistance completing the form or need to speak to someone about the complaint, please call the school at (405) 276-9170.

COMPLAINANT'S PERSONAL INFORMATION		
First and Last Name (Legal):		
Street Address:		
City:	State:	Zip:
Cell Phone Number:		
Email:		
RESPONDENT'S INFORMATION - Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct.		
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 sheets, 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 Name #1:	Relationship to you:
Phone Number:	Email:
Witness Name #2:	Relationship to you:
Phone Number:	Email:

Please identify anyone else to whom you have reported your concerns, including law enforcement:

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

Complainant Full Name

Complainant Signature

Date