



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

Full Time Adult Student

BIS/ACD Client

Stakeholder

Parent/Guardian

Employee

***TYPE OF COMPLAINT:**

Race, Color

Harassment / Bullying

Pregnancy

Sexual Harassment

Retaliation

Demeaning/Intimidation

Religion

Veteran Status

Conflict/Disagreement

Age Discrimination

National Origin

Genetic

Parental Rights

Disability

Other: _____

Sex/ Gender

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