## **CENTRAL TECHNOLOGY CENTER**

## TITLE IX COMPLAINT FORM

The District 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 students, employees and other persons to report sex discrimination or sexual harassment.

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 parents report these conditions, to the Title IX Coordinator. Any employee to whom such a report was made must 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 mail, by phone, by submitting this form, or by email at the contact information provided below:

Title IX District Coordinator is LaDonna Gear, Assistant Superintendent, 918.352.2551. LaDonna.Gear@centraltech.edu

Title IX Coordinator for Drumright campus is Shane Bruce, Drumright Campus Director, 918.352.2551 Shane.Bruce@centraltech.edu

Title IX coordinator for Sapulpa campus is Kim Howard, Sapulpa Campus Director, 918.224.9300 Kim.Howard@centraltech.edu

Central Technology Center – Drumright Campus 3 CT Circle Drumright, OK, 74030 Central Technology Center – Sapulpa Campus 1720 South Main Street Sapulpa, OK 74066

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

Respondent's School / Department:  Respondent's School / Department:			
Respondent's School / Department:			
COMPLAINT INFORMATION			

Latest:

o 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 Name #1:	Relationship to you:
Phone Number:	Email:
Witness Name #2:	Relationship to you:
Phone Number:	Email:
Witness Name #3:	Relationship to you:
Phone Number:	Email:
	any of the witnesses previously identified? Please provide the uspoke to them, and method of communication.
name of the witness, the date you	administrators, employees, or law enforcement agency to
Please identify any Central Tech	administrators, employees, or law enforcement agency to
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l,	, attest that the
information that I have provided above is correct and accurate.	
•	
Complainant Full Name	
Complainant Signature	Date