

POTEAU PUBLIC SCHOOLS
Title IX Sexual Harassment/Discrimination Formal Complaint Form

Date: _____

Name (Complainant): _____

Address: _____
Street City State Zip

Email: _____

Phone numbers where Complainant may be reached (*provide only those numbers you authorize us to use*):

Home: _____

Office: _____

Cell: _____

Other: _____

Statement of complaint (*please provide as detailed a statement as is possible and attach supplemental pages so that we may have a complete understanding of your claims*):

Who is your complaint against?

School District

Individual(s): _____

Please identify any documents or other materials which support your complaint.

(If documents or materials are in your possession, please attach copies to this grievance. If documents are not in your possession, please indicate where they are located.)

Supportive measures: Please let us know of any actions we can promptly take to assure that you are neither restricted or denied access to education programs or activities.

Please identify what action or relief you are seeking as a result of this complaint.

Signature of Complainant

DIRECT QUESTIONS AND RETURN THIS COMPLETED FORM TO:

Brenda Dalton, Title IX Coordinator

100 Mockingbird Lane, Poteau, OK 74953

Phone: 918-647-7765 ; Email: brenda.dalton@poteau.k12.ok.us