



## Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. **When the form has been completed and signed by you, and then signed by the Title IX Coordinator, your complaint has been properly received and noted by the district.** We will provide you with a copy of this form as well as complete information about the Title IX complaint process.

*The Title IX Coordinator and/or designee investigate complaints by parent and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.*

I am filing this complaint as a: check one (✓)

Parent       Student

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Complainant:** Individual who is alleged to be the victim of conduct that could constitute sexual harassment (*if different from person completing form*).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If student, which program enrolled in: \_\_\_\_\_ Campus: \_\_\_\_\_

**Respondent:** Person or persons you believe committed the offense against you and how you have contact with them, e.g.: supervisor, co-worker, peer, teacher.

Name: \_\_\_\_\_

**Complaint:** Describe your complaint related to the complainant participation or attempt to participate in the school's educational program or activity. Please summarize below and attach additional pages describing your complaint if necessary.

Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses** (The relationship information requested means co-worker, supervisor, peer, teacher, etc)

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1.	Relationship	Telephone number
2.	Relationship	Telephone number
3.	Relationship	Telephone number

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I certify the aforementioned is true and correct.

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**Signature**

**Date**

This completed, signed form should be delivered to the Title IX Coordinator by mail, email or in-person.

Pam Winterscheidt, Title IX Coordinator  
3638 S. Memorial Dr.  
PO Box 477200  
Tulsa, OK 74147-7200  
[pam.winterscheidt@tulsatech.edu](mailto:pam.winterscheidt@tulsatech.edu)

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*For the Title IX Coordinator and/or Designee*

**Complaint taken by:**

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**Signature**

**Print Name**

**Date**

**Title IX Coordinator**

Pam Winterscheidt, Chief Human Capital Officer

**Received by:**

In-person

Mail

Email