Discrimination, Harassment & Title IX Complaint Form

To file a complaint with the College, please complete and bring this form in person to the Title IX Coordinator, a Deputy Title IX Coordinator, or the Student Life Office, or call to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call a staff person listed below to schedule an appointment. Although the College cannot commit to keeping a complaint of discrimination confidential because of the College’s obligation to investigate the complaint, we will use our best efforts not to disseminate information concerning the complaint beyond those who have a need to know. Please feel free to contact our office if you have any questions regarding the process for filing or investigating complaints of discrimination, including sexual harassment.

• Title IX Coordinator:
  Dr. Regina Switzer, Dir. of E.O.
  regina.a.switzer@occc.edu
  (405) 682-7540

• Deputy Title IX Coordinator:
  Asst. Dir. of Student Life
  (405) 682-1611, ext. 7683

• Deputy Title IX Coordinator:
  Dr. Jana Legako, Dir. of Employment
  jlegako@occc.edu
  (405) 682-7850

• Director of Student Life
  Ms. Erin Logan
  elogan@occc.edu
  (405) 682-7523

A victim of discrimination or harassment is encouraged to use the College’s internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or the Office of Civil Rights for the U.S. Department of Education.

1 April 2014
Title IX/Discrimination Complaint Form

When the form has been completed and signed, and then signed by authorized Title IX, E.O. or Student Life staff, your complaint has been properly received and noted by the College. We will provide you with a copy of this form as well as complete information about the discrimination complaint process.

Check the box that applies:

- Faculty
- Staff
- Student
- Employment Applicant
- Student Applicant
- Other, Explain:
  ________________
  ________________

| Type of Complaint: | | |
| - Age | - Disability | - Gender |
| - Medical Condition | - National Origin | - Pregnancy |
| - Race | - Religion | - Retaliation |
| - Sexual Harassment | - Sexual Orientation | - Veteran Status |
| - Other: | | |

Name: ________________________________
Department/Company: ___________________________________________
Work/Cell phone: __________________ Home phone: ___
Work Address: ___________________________________________________
Home Address: ___________________________________________________
E#: __________________ Supervisor: _____________________________

Have you brought this matter to the attention of any other department(s) at the College? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter. ________________________________

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

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Name of person or persons you believe discriminated against you and why you have contact with them, e.g. supervisor, co-worker, faculty, student, customer.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (name, relationship to you, and phone number):
1. 
2. 
3. 

I certify the information mentioned is true and correct.

Date: _____________________________

For the authorized OCCC staff use only

Complaint taken by: _______

Signature: _____________________________

Date: _____________________________

Other Notes: