

TITLE IX

E-School Virtual Charter Academy does not discriminate based on sex in the education programs or activities it operates. E-School Virtual Charter Academy is required by Title IX not to discriminate in such a manner. The requirement of non-discrimination in educational programs and activities extends to employment and admissions. Questions regarding Title IX may be referred to the E-School Virtual Charter Academy Title IX Coordinator.

Name and/or Title: Compliance Officer E-School Virtual Charter Academy

Address: 2403 S. Division, Suite B

Guthrie, OK 73044

Telephone Number: 1-405-724-4643

Email Address: allison.young@eschoolacademy.org

Title IX Discrimination Complaint Form

Please email the completed form to ESVCA Title IX Coordinator
Allison Young: allison.young@eschoolacademy.org

The Title IX Coordinator and/or designee investigate complaints by faculty, staff, 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: (v) Anonymous

Faculty

Staff

Student

Name

Department (if applicable)

School (if applicable)

Work Phone

Home Phone

Work Address

Home Address

Employee ID

Student ID

Have you previously brought this matter to the attention of any employee of ESVCA or Sooner State Charter Management? If so, please list the name(s) of all other persons with whom you have discussed this matter.

Type of Complaint

Check all that apply (v)

- Bullying
- Cyber bullying
- Gender Discrimination
- Gender Inequity
- Sexual Harassment
- Sexual Assault
- Sexual Misconduct
- Stalking
- Rape
- Retaliation
- Relationship Violence

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

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, etc.

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 (The relationship information requested means co-worker, supervisor, faculty, etc.)

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

I certify the aforementioned is true and correct.



Your signature _____ Date _____

For the Title IX Coordinator and/or Designee

Complaint taken by

Signature _____ Print Name _____ Date _____
