

**OKLAHOMA STATE UNIVERSITY  
GENDER DISCRIMINATION/  
SEXUAL HARASSMENT  
INTAKE FORM**

**If this is an INFORMAL complaint Part 1 and 2 are to be completed and a copy sent to Dr. Carolyn Hernandez, Title IX Coordinator, 408 Whitehurst, within two (2) days of the resolution.**

**If this is a FORMAL complaint, Part 1 is to be completed by the Intake Person and sent to the Title IX Coordinator within two (2) days of receipt of complaint. Part 2 is to be completed by the individual resolving the situation. Within two (2) days of the resolution this form, along with all supporting documentation, is to be sent to the Title IX Coordinator.**

**PART 1**

Date Complaint Filed \_\_\_\_\_ Gender Discrimination \_\_\_\_\_ Sexual Harassment \_\_\_\_\_

Informal Complaint \_\_\_\_\_ OR Formal Complaint \_\_\_\_\_

*Name, Address & Telephone Number of the Complainant:*

**Gender:** Male Female      **Status:** Student      Staff      Faculty      Other

**Job Title/College/Department:**

*Name, Address & Telephone Number of the Person Accused:*

**Gender:** Male Female      **Status:** Student      Staff      Faculty      Other

**Job Title/College/Department:**

Date of incident:

Describe what happened or is happening. Be as specific as possible. Use attachment if necessary

What remedy is the complainant seeking? Use attachment if necessary

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Name, Address and Extension of Person Receiving This Complaint

Date Sent to Title IX Coordinator: \_\_\_\_\_

Name of Individual Title IX Coordinator Routed Complaint To \_\_\_\_\_

Date Sent: \_\_\_\_\_

## PART 2

**Complete this portion when a resolution (informal or formal) has been reached. Describe any action taken and attach any relevant documents. Keep a copy for your files. If this is a FORMAL complaint send with any documentation to the Title IX Coordinator within 2 days of the resolution.**

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Print Name of Individual Resolving Issue

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Signature of Individual Resolving Issue

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Department

Campus Address

Extension

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Date Sent to Title IX Coordinator