

OAKS MISSION PUBLIC SCHOOLS
Discrimination Grievance Complaint Form

Name and Address of Charging Party (Grievant):

Date: _____

Phone numbers where Grievant may be reached:

Home: _____ Office: _____
Cell: _____ Other: _____

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

Who is your grievance against?

- ☐ District
☐ Individual(s): _____

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

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

Signature of Grievant

If, as a result of a disability, you need assistance in completing this form, please contact the district's ADA Coordinator, or superintendent, for assistance or accommodation.

Implementation Guidelines for Combatting Sex/Gender Based Discrimination

The district is committed to ensuring equity in all its programs. This document is designed to help the administration avoid claims of sex/gender based discrimination and to ensure all students and employees are treated fairly.

Education - Students

The district's anti-bullying and anti-discrimination education efforts will include education to students regarding the following topics:

- Identifying bullying and cyberbullying
- Identifying all forms of discrimination, including sex discrimination based on gender stereotypes, gender nonconformity, and transgender status
- Concrete and age appropriate examples of harassment, intimidation, discrimination and bullying – and appropriate responses
- Outline of the district's conduct expectations
- Ways in which prohibited conduct adversely affects the education environment
- Identification of bullying and discrimination coordinators
- Explanation of how to file a claim of harassment, intimidation, discrimination or bullying

Education – Staff

All school personnel have a responsibility to understand the district's commitment to eliminate all forms of discrimination in all its programs. The district will provide basic training to school personnel to ensure success, including information about who to contact in regard to potential discrimination. The district will also provide additional training to personnel who are designated program coordinators.

Handbooks

All school site handbooks must contain the following language:

There will be no discrimination in the district because of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information in its programs, services, activities and employment. The following people have been designated to handle inquiries regarding the district's non-discrimination policies:

Section 504/Title II of the Americans with Disabilities Act Coordinator (for questions or complaints based on disability)

Superintendent and/or Building Principal
Oaks Mission Public Schools
357 West Main
Oaks, OK 74359

Title VI of the Civil Rights Act Coordinator (for questions or complaints based on race, color and national origin)

Superintendent and/or Building Principal
Oaks Mission Public Schools
357 West Main
Oaks, OK 74359

Title IX Coordinator (for questions or complaints based on sex, pregnancy, gender, gender expression or identity)

Superintendent and/or Building Principal
Oaks Mission Public Schools
357 West Main
Oaks, OK 74359

Age Act Coordinator (for questions or complaints based on age)

Superintendent and/or Building Principal
Oaks Mission Public Schools
357 West Main
Oaks, OK 74359

Any individual who has experienced some other form of discrimination, including discrimination not listed above, may contact:

Superintendent and/or Building Principal
Oaks Mission Public Schools
357 West Main

Oaks, OK 74359

Outside Assistance may be obtained from:

*U.S. Department of Education
Office for Civil Rights
One Petticoat Lane
1010 Walnut Street, Suite 320
Kansas City, MO 64106
(816) 268-0550
(816) 268-0599 (Fax)
(877) 521-2172 (TTY)
E-mail: OCR.KansasCity@ed.gov*

All district employees and students will be provided with age appropriate education regarding types of discrimination, harassment and bullying. Students and employees will also be advised of the district's expectations regarding appropriate conduct. Any student who is experiencing difficulty fully accessing the district's education programs should contact the appropriate coordinator so a success plan can be developed for the student.

Administrator Responses

Any administrator who becomes aware that a student is pregnant or transitioning to a different gender must meet privately with the student and the student's parent/guardian to discuss the situation. The 2023 Oklahoma "Parents' Bill of Rights" (OAC 210:10-2-1, et seq.), requires the district to disclose to a student's parent/guardian any information known to the district or its employees regarding material changes reasonably expected to be important to the parent/guardian regarding their student's health, social, or psychological development, including identity information. Disclosure of this information shall occur within 30 days of learning the information. "Identity information" means information including, but not limited to, any names or pronouns used by a student at school and any social transition or other transition to a gender that differs from the student's sex. "Sex" means the physical condition of being male or female based on genetics and physiology, as identified on the individual's original birth certificate.

The student and parent/guardian meeting must include creation of a transition plan. The plan is not to be punitive/exclusionary in nature and must be designed to ensure the student's educational success.

Each student and the student's parent/guardian must be provided with information regarding the district's nondiscrimination policies and procedures and the name/contact information for the district's nondiscrimination coordinators. The student and the student's parent/guardian must also be provided with the name/number of a staff liaison in the event the student or the student's parent/guardian encounters any difficulties with his/her education.

Because gender transitioning is an emerging area in the law, the superintendent must be advised of any such situation which presents itself so he/she can consult with

legal counsel.

Placement and Other Education Considerations For Special Circumstances

In an attempt to meet individual student needs, the district will consider all placement and related education options at times when traditional instruction and other access may not be in a student's best interests. This worksheet will guide the administrator, parent/guardian (if authorized by the student), and student in making the best decision possible given the totality of the circumstances. This placement will be reviewed as often as needed but at least once per semester.

Placement Options¹

- ☐ *Retain Current Placement*
The student retains his/her current schedule at his/her current school.
- ☐ *Current School / New Schedule*
The student continues at his/her current school but with a different class schedule.
- ☐ *In-District Transfer*
The student is transferred to another school within the district.
- ☐ *Out-of-District Transfer*
The district consents to the student transferring to another school district. This option requires the consent of the receiving school district, which is outside this district's control.
- ☐ *Blended Learning*
The student receives educational services by taking supplemental online courses or participating in an online program. This option is available for secondary students only.
- ☐ *Dropout Prevention*
The student receives all education services via online instruction. This option is available for secondary students only.
- ☐ *Alternative School*
This option requires an application process prior to placement.
- ☐ *Health Considerations / IEP*
These options include partial school days, 504 Plans, and homebound instruction. Additional evaluations may be required prior to placement with these options.

¹ No student will be excluded from regular classes or segregated in any way based on special or unique circumstances alone. All educational placements, including extracurricular activities, will be considered based on the entirety of the student's unique circumstances. Regardless of the placement option agreed upon between the school and the family, additional supportive services may be added as deemed appropriate.

Information Dissemination

The following personnel have a need to know this information:

Staff Member

Information to be Disclosed, if any

Temporary Leave

The student will be on leave from school the following dates:

_____ To _____

The student will make up work related to this absence:

Supportive Services

The following additional services and special considerations are needed:

- ☐ Schedule a meeting with the principal prior to returning to class to discuss any potential obstacles and how to successfully navigate those challenges
- ☐ Designate an individual for the student to report any difficulties to, including any concerns about bullying, retaliation, or other inappropriate conduct
- ☐ School counseling sessions
- ☐ Consulting with the student's private counselor to ensure a unified approach
- ☐ Coordinating the student's class schedule to maximize successful goal completion
- ☐ Other:

Decisions / Action Plan

After considering each of the options and categories outlined above, the administration, parent/guardian (if authorized) and student have selected those options and choices which are marked. The reasons for these decisions are:

Acknowledgment

We have jointly agreed to the options noted above as the best choice for the student given the totality of the circumstances. We agree to review this decision as needed, but at least once per semester.

_____ Student Signature	_____ Date
_____ Parent/Guardian Signature (if authorized)	_____ Date
_____ Administrator Signature	_____ Date

A copy of this plan will be provided to the student, authorized parent/guardian, and authorized school personnel.

**Additional Options & Discussion Points
Gender Transitioning Students Only**

Name / Gender Identification

Name the student will use (unofficial records): _____

Gender pronoun the student will use: _____

Will official school records be changed (court order required): _____

Restroom & Locker Room Access

- ☐ Student will use group restrooms associated with the preferred gender
- ☐ Student will use a private restroom located _____
- ☐ Student will use restrooms associated with the preferred gender but will also have access to a private restroom located _____

Gender Based Activities

Student will participate in the following activities consistent with the preferred gender identity or expression:

- ☐ Health classes
- ☐ PE classes
- ☐ Club/intramural athletics

Extracurricular Activities

Student is participating in the following extracurricular activities:

Notes from OSSAA on student's eligibility and participation:

Other Needs

Describe:

OAKS MISSION PUBLIC SCHOOLS
Notification of Use of a Service Animal

Date: _____ Building: _____

Staff Member or Student's Name: _____

Parent's Name (for Students only): _____

Identify whether the service animal is required because of a staff member or student's disability, and if so, identify and describe the manner in which the service animal will meet the individual's particular need(s):

Name of service animal: _____

Documentation attached that the service animal is:

☐ Properly and currently vaccinated

☐ Under the control of a handler

Name of handler: _____

Submit request to Superintendent.
Annual Notification Required

OAKS MISSION PUBLIC SCHOOLS
Service Animal Registration

Animal Owner : _____
Student (if applicable): _____
Animal name: _____

☐ Notification form is attached

Documentation attached that the service animal is:

- ☐ Properly and currently vaccinated
- ☐ Under the control of a handler

Name of handler: _____

I have read and understand the district's Service Animals Policy. I will abide by the terms of the policy. I understand that the district has the discretion to exclude or remove my service animal from its property if:

- my service animal is out of control and/or the animal's handler does not effectively control the animal's behavior;
- my service animal is not housebroken;
- my service animal's presence or behavior fundamentally alters the nature of a district service, program, or activity; or
- my service animal poses a direct threat to the health or safety of others that cannot be eliminated by reasonable modifications

I agree to be responsible for any and all damage to district property, personal property, and any injuries to individuals caused by my service animal. I agree to indemnify, defend and hold the district harmless from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my service animal.

OWNER

Signature

Date

Note: This registration is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different service animal will be used.