

**Glenville State University
Formal Complaint Form**

This form may be completed by any member of the Glenville State University community who has experienced or otherwise become aware of an incident that may constitute a violation of the Glenville State University Administrative Policy 6 & 6A. Please complete the form to the best of your ability.

Today's Date: _____

Name: _____

Glenville State University ID: _____

Phone Number: _____

E-mail: _____

Preferred Method of Contact: Phone E-mail Text Message Other: _____

University Affiliation: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Incident Date: _____

Incident Time: _____

Incident Location:

Type of Incident:

Protected Class(es) Basis for Report:

- Campus Building Discrimination Sex Religion
- Campus Outdoors Harassment Gender Veteran Status
- Organization House Violence Gender Identity Disability
- Off Campus Retaliation Gender Expression Age
- University Sponsored Event Sexual Orientation Genetic Information
- Pregnancy/Parenting Marital Status

Specific Location: _____

Race

National Origin

Color

Respondent: _____

Glenville State University ID: _____

University Affiliation: Student Faculty Staff Alumni Guest Other _____

Phone Number: _____ **E-mail:** _____

Social Media Accounts: Facebook Twitter Instagram Snapchat Tik Tok YouTube Other

Witness 1: _____

Glenville State College ID: _____

University Affiliation: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Phone Number: _____ **E-mail:** _____

Witness 2: _____

Glenville State University ID: _____

University Affiliation: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Phone Number: _____ **E-mail:** _____

Witness 3: _____

Glenville State University ID: _____

University Affiliation: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Phone Number: _____ **E-mail:** _____

Incident Narrative (this can be brief; a full statement will be taken by the investigator):

Supportive Measures Requested:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Residence Hall Relocation | <input type="checkbox"/> Assistance Reporting to Law Enforcement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faculty Notification | <input type="checkbox"/> Facility Access Plan | | |
| <input type="checkbox"/> On-Campus Counseling | <input type="checkbox"/> Campus Police Escort | <input type="checkbox"/> Academic Withdrawal/LOA | _____ |
| <input type="checkbox"/> Off-Campus Counseling | <input type="checkbox"/> On-Campus Medical Care | <input type="checkbox"/> Academic Withdrawal (full) | _____ |
| <input type="checkbox"/> Work Schedule Adjustment | <input type="checkbox"/> Off-Campus Medical Care | <input type="checkbox"/> Legal Support Information | _____ |
| <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Victim Advocate Outreach | <input type="checkbox"/> Visa/Immigration Information | _____ |

Accommodations:

- I request an interpreter Language: _____
- I request accommodation(s) for a qualified disability I do not request accommodation(s) for a qualified disability

Resolution Requested:

- No Action Informal Resolution Formal Resolution (Investigation and Hearing)

Signature: _____ **Date:** _____

Received By: _____

Date: _____

Please mail, email or fax the completed form only to:

Tegan N. McEntire
Title IX Coordinator
Glenville State University
200 High Street
Glenville, WV 26351
Telephone: (304) 462-6193
Fax: (304) 462-6198
TitleIX@glenville.edu