



**COMPLAINT FORM**

**DISCRIMINATION/HARASSMENT/SEX DISCRIMINATION/  
SEXUAL HARASSMENT/RETALIATION COMPLAINT**

1. **Complainant:**

\_\_\_\_\_

2. **Check one:**

- Staff Employee       Academic Employee       Student Employee       Former Employee
- Student               Applicant                       Other: \_\_\_\_\_

3. **Complainant's Department** (if employed at Glenville State College):

\_\_\_\_\_

4. **Contact Information:** Phone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

5. a. I believe I was subjected to  discrimination  harassment because of my:

- Race                                       Disability (physical or mental)       Citizenship
- Color                                       Sexual Orientation                       Marital
- Status
- Age (40 and over)                       Sex (Gender)                               National
- Origin/Ancestry
- Gender Identity                               Service in the Uniformed Services or Covered
- Veterans
- Pregnancy                                       Religion
- Genetic Information
- Other (please specify) \_\_\_\_\_

b. I believe I have been Sexually Harassed       Yes       No

Please mail or fax the completed form only to:  
 Krystal Smith  
 Title IX/Affirmative Action/Equal Opportunity Coordinator  
 Americans with Disabilities Act Compliance Officer  
 Glenville State College  
 200 High St.  
 Glenville State College 26351  
 Telephone: (304) 462-6193  
 Facsimile (304) 462-7610

c. I believe I was subjected to retaliation.  Yes

6. Date(s)/Place of incident(s):

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_

7. Respondent(s)

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_

8. Status of Respondents if known:

- a.  Staff Employee     Academic Employee     Student Employee     Former Employee  
 Student                     Applicant                     Other: \_\_\_\_\_
- b.  Staff Employee     Academic Employee     Student Employee     Former Employee  
 Student                     Applicant                     Other: \_\_\_\_\_
- c.  Staff Employee     Academic Employee     Student Employee     Former Employee  
 Student                     Applicant                     Other: \_\_\_\_\_

9. Respondent's Department (if employed by Glenville State College and if known):

\_\_\_\_\_  
\_\_\_\_\_

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10. **Witness(es)**

a. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. **Status of Witnesses if known:**

a.  Staff Employee       Academic Employee       Student Employee       Former Employee  
 Student                       Applicant                       Other: \_\_\_\_\_

b.  Staff Employee       Academic Employee       Student Employee       Former Employee  
 Student                       Applicant                       Other: \_\_\_\_\_

c.  Staff Employee       Academic Employee       Student Employee       Former Employee  
 Student                       Applicant                       Other: \_\_\_\_\_

12. a. **If you are a Glenville State College employee, have you filed a grievance pursuant to W.**

**Va. Code §6C-2-1, et seq.?**       Yes       No

b. **If yes, please provide date you filed grievance:** \_\_\_\_\_

13. a. **Have you filed a complaint with a government agency other than the West Virginia Public Employees Grievance Board regarding this situation?**       Yes       No

**If yes, please indicate agency name and date complaint was filed:**  OCR        
 EEOC

Other: \_\_\_\_\_

**Date Filed:** \_\_\_\_\_

14. **What would you consider to be a successful or acceptable outcome/resolution to your complaint?**

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By signing this FORM, I attest that the statements contained herein are true and that I am aware that filing a false complaint could result in disciplinary action up to and including termination of employment and/or suspension or expulsion from Glenville State College’s educational programs/activities. I understand that during the investigation I may be asked to execute a release of medical information that is relevant to the claims set forth in this complaint. I understand that investigation of my complaint is not dependent upon my execution of the medical release. I understand that unless I have requested that my identity be kept confidential that this complaint, either in whole in or in part, will be provided to the respondent. I understand that the Title IX/AA/EEO Coordinator attempts to balance the needs of the parties for privacy with the institutional responsibility of ensuring a safe educational environment and workplace. Confidentiality is an aspiration, but is not always possible or appropriate. I understand that my requests regarding the confidentiality of reports of discrimination, or harassment including but not limited to sex offenses will be considered in determining an appropriate response; however, such requests will be considered in the dual contexts of the institution’s legal obligation to ensure a working and learning environment that is free from discrimination or sexual misconduct and the due process rights of the accused to be informed of the allegations and their source. I understand that some level of disclosure may be necessary to ensure a complete and fair investigation and to insure that the institution meets its obligations under Title IX. I further understand that the institution may be limited in its response and investigation if confidentiality is requested.

17. \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Date of Birth:** \_\_\_\_\_

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**If Complainant is under the age of 18:**

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**Parent/Guardian Signature**

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**Date**

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**Print Name(s)**

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**Address**

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**City**

**State**

**Zip**

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**Telephone Number**

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## COMPLAINANT INSTRUCTION SHEET

### DISCRIMINATION/HARASSMENT/SEX DISCRIMINATION/ SEXUAL HARASSMENT/RETALIATION COMPLAINT

#### A. FILING A COMPLAINT

If you feel that you have been subjected to discrimination or harassment based on any of the above stated protected basis, please complete the following FORM and mail or fax it to the Title IX/AA/EEO Coordinator (see address and fax number below). The Title IX/AA/EEO Coordinator will also assist you if need help completing the form. Your complaint should be filed as soon as possible after the alleged incident(s). **The person filing the complaint is referred to as the Complainant. The person believed to be responsible for the incident(s) stated in the complaint is the Respondent.**

- (1) **Name of Complainant:** The name of the person who is filing the complaint
- (2) **Status:** Indicate whether you are a staff, academic, or student employee, a student, an applicant, former employee, vendor, or if you have another affiliation with Glenville State College.
- (3) **Complainant's Department:** If you are an employee, the department in which you work; if you are a former employee, the department in which you worked
- (4) **Contact Information:** Provide the phone number(s), email and mailing address where you can be reached.
- (5a) **Basis:** Check the appropriate box(es). If this is a retaliation complaint, skip 5a and 5b and go to 5c.
- (5b) **Sexual Harassment:** Sexual harassment is a form of sex discrimination and includes but is not limited to acts of sexual violence such as sexual assault, rape, and acquaintance rape. If you feel that you have been sexually harassed, please check YES and explain in paragraph 10.
- (5c) **Retaliation:** Check yes if this you believe you were subjected to retaliation because you filed a complaint or participated in the investigation of a complaint.
- (6) **Date(s)/Place(s):** (month, day and year): Please list the date(s) when and place(s) where the alleged incident(s) of discrimination/harassment/retaliation occurred
- (7) **Respondent(s):**
  - a. State the name or names of the individuals you believe to be responsible for the conduct set forth in the complaint including contact information if known.
  - b. Please state how you come into contact with the respondent. For example, if the respondent is a student, state whether you live near the student in housing provided by the institution and/or what classes you may with the student. If the respondent is

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an employee, state whether you are a student in respondent's class, are supervised by or work with him/her, or whether respondent is your advisor.

- (8) **Respondent(s) Status:** Check the appropriate box for each listed in Number 7, if known.
- (9) **Respondent Department:** If the Respondent is an employee of Glenville State College, state his/her department if known.
- (10) **Witnesses:** If you have any witnesses, please provide their names and contact information, if known. Attach additional sheets if necessary.
- (11) **Status of Witnesses:** Check the appropriate box for each listed in Number 11, if known.
- (12) **Grievance:** If you are an employee and have filed a grievance with the West Virginia Public Employees Grievance Board, check "yes" and provide the date you filed.
- (13) **Government Agency:** Whether you are an employee or a student, if you have filed a complaint with a government agency other than the West Virginia Public Employees Grievance Board, check "yes", the agency with which you filed, and provide the date you filed.
- (14) **Resolution:** What actions will resolve your complaint (e.g. training opportunity, cease the alleged behavior, etc)? Please be advised that the institution is under no obligation to impose any specific resolution or sanction.
- (15) **Confidentiality Requested:** Please check the appropriate box and add any additional comments if necessary.
- (16) **Complaint:** Be as specific as possible. Include the following information: what happened, and why you believe the discrimination/harassment/retaliation was related to any basis listed in section 6 (race, color, etc...). If this is a retaliation claim, state what you believe you were involved in that led to the retaliation. You may attach additional sheets or use the back of this form if necessary.
- (17) **Signature/Notice:** Sign and mail or fax the completed FORM only to the Title IX/AA/EEO Coordinator:

Attach additional sheets if necessary and any additional documentation which supports your claim of discrimination/harassment/sex discrimination/sexual harassment/retaliation. Your complaint should be filed within 30 days from the date of the alleged incident(s) but may be filed up to 350 days from the date of the alleged incident(s). Please be advised that the passage of time may affect the institution's ability to address your complaint. Information and assistance in completing this Complaint Form may be obtained from the Title IX/AA/EEO Coordinator.

Keep the **General Information, Instruction Sheet** and a copy of the signed and completed **Form** for your records.

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