



**RESPONSE FORM**

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

1. **Respondent :**

\_\_\_\_\_

2. **Check one:**

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

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

\_\_\_\_\_

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

Mailing Address:

\_\_\_\_\_

5. **Witness(es)** (Attach additional sheets or use the reverse if necessary.)

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

6. **Status of Witnesses if known:** (Attach additional sheets or use the reverse if necessary.)

\_\_\_\_\_

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

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: \_\_\_\_\_

***The remainder of this page intentionally has been left blank.***

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7. **Print Your Name:** \_\_\_\_\_

**Response:**

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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 response 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. By signing this FORM, I attest that the statements contained herein are true and that I am aware that submitting a false response or otherwise providing false information during the investigation could result in disciplinary

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action up to and including termination of employment and/or suspension or expulsion from Glenville State College's educational programs/activities. I understand that that this response, in whole or in part, may be provided to the complainant. 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.

\_\_\_\_\_  
**Signature**

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

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

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

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

\_\_\_\_\_  
**Parent/Guardian Signature**

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

\_\_\_\_\_  
**Print Name(s)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City** **State** **Zip**

\_\_\_\_\_  
**Telephone Number**

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## RESPONDENT INSTRUCTION SHEET

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

#### A. RESPONDING TO A COMPLAINT

Complete the following FORM and mail or fax it to the Title IX/AA/EEO Coordinator (see address and fax number below). **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 Respondent:** The name of the person who is responding to 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) **Respondent'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.
- (6) **Witnesses:** If you have any witnesses, please provide their names and contact information, if known. Attach additional sheets if necessary.
- (7) **Status of Witness(es):** Check the appropriate box for each listed in Number 11, if known.
- (8) **Response:** Be as specific as possible. Include the following information: what happened, times, locations, etc.
- (9) **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 response.

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

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