

**Glenville State College
Formal Complaint Form**

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

Today's Date: _____

Name: _____

Glenville State College ID: _____

Phone Number: _____

E-mail: _____

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

College Affiliation: ☐ Undergraduate Student ☐ Graduate Student ☐ Faculty ☐ Staff ☐ Alumni ☐ Guest

Incident Date: _____

Incident Time: _____

Incident Location:

- ☐ Campus Building
- ☐ Campus Outdoors
- ☐ Organization House
- ☐ Off Campus
- ☐ College Sponsored Event

Type of Incident:

- ☐ Discrimination
- ☐ Harassment
- ☐ Violence
- ☐ Retaliation

Protected Class(es) Basis for Report:

- | | |
|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Pregnancy/Parenting | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | |

Specific Location: _____

Respondent: _____

Glenville State College ID: _____

College 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: _____

College Affiliation:

☐ Undergraduate Student

☐ Graduate Student

☐ Faculty

☐ Staff

☐ Alumni

☐ Guest

Phone Number: _____

E-mail: _____

Witness 2: _____

Glenville State College ID: _____

College Affiliation:

☐ Undergraduate Student

☐ Graduate Student

☐ Faculty

☐ Staff

☐ Alumni

☐ Guest

Phone Number: _____

E-mail: _____

Witness 3: _____

Glenville State College ID: _____

College 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"/> Academic Withdrawal/LOA | _____ |
| <input type="checkbox"/> On-Campus Counseling | <input type="checkbox"/> Campus Police Escort | <input type="checkbox"/> Academic Withdrawal (full) | _____ |
| <input type="checkbox"/> Off-Campus Counseling | <input type="checkbox"/> On-Campus Medical Care | <input type="checkbox"/> Legal Support Information | _____ |
| <input type="checkbox"/> Work Schedule Adjustment | <input type="checkbox"/> Off-Campus Medical Care | <input type="checkbox"/> Visa/Immigration Information | _____ |
| <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Victim Advocate Outreach | | |
-

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:

Naomi C. Sanders
Title IX Coordinator
Glenville State College
200 High St.
Glenville, WV 26351
Telephone: (304) 462-6192
Fax: (304) 462-6198
TitleIX@glenville.edu