

**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: \_\_\_\_\_

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

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**Incident Date:** \_\_\_\_\_

**Incident Time:** \_\_\_\_\_

**Incident Location:**

- ☐ Campus Building
- ☐ Campus Outdoors
- ☐ Organization House
- ☐ Off Campus
- ☐ **University** 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:** \_\_\_\_\_

\_\_\_\_\_

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**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

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**Witness 1:** \_\_\_\_\_

**University Affiliation:** ☐ Undergraduate Student

**Phone Number:** \_\_\_\_\_

**Glenville State College ID:** \_\_\_\_\_

☐ Graduate Student   ☐ Faculty   ☐ Staff   ☐ Alumni   ☐ Guest

**E-mail:** \_\_\_\_\_

**Witness 2:** \_\_\_\_\_

**University Affiliation:** ☐ Undergraduate Student

**Phone Number:** \_\_\_\_\_

**Glenville State College ID:** \_\_\_\_\_

☐ Graduate Student   ☐ Faculty   ☐ Staff   ☐ Alumni   ☐ Guest

**E-mail:** \_\_\_\_\_

**Witness 3:** \_\_\_\_\_

**University Affiliation:** ☐ Undergraduate Student

**Phone Number:** \_\_\_\_\_

**Glenville State College ID:** \_\_\_\_\_

☐ Graduate Student   ☐ Faculty   ☐ Staff   ☐ Alumni   ☐ Guest

**E-mail:** \_\_\_\_\_

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

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**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  |  |                                       |
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**Accommodations:**

- ☐ I request an interpreter      Language: \_\_\_\_\_
- ☐ I request accommodation(s) for a qualified disability      ☐ I do not request accommodation(s) for a qualified disability
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**Resolution Requested:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

*Please mail, email or deliver in person the completed form only to:*

Casey Smola  
Title IX Coordinator  
Glenville State University  
200 High St.  
Glenville, WV 26351  
Telephone: (304) 462-6192  
[Casey.Smola@glenville.edu](mailto:Casey.Smola@glenville.edu)