

## West Virginia University at Parkersburg COMPLAINT FORM

Discrimination/Harassment/Sex Discrimination/  
Sexual Harassment/Hostile Work Environment/Retaliation

*If you need assistance completing this form,  
please contact:*

**Debbie Richards, Social Justice Officer/Title IX Coordinator**  
President's Office Complex, Room 1010  
West Virginia University at Parkersburg  
300 Campus Drive  
Parkersburg, WV 26104  
e-mail: [Debbie.Richards@wvup.edu](mailto:Debbie.Richards@wvup.edu)  
☎ (304) 424-8201  
FAX: (304) 424-8302

*If Ms. Richards is unavailable, or if your complaint is  
against Ms. Richards please contact:*

Scott Poe, Director of Human Resources  
Room 1008  
West Virginia University at Parkersburg  
300 Campus Drive  
Parkersburg, WV 26104  
e-mail: [Scott.Poe@wvup.edu](mailto:Scott.Poe@wvup.edu)  
☎ (304) 424-8212  
FAX: (304) 424-8302

### *Instruction Sheet*

- (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 WVUP.
- (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.
- (5) **(When applicable) Complainant's Representative's Name and Contact information:** Parties are welcome, but not required to identify a representative or advisor, including an attorney, at their own expense.
- (6a) **Basis:** Check the appropriate box(es). If this is a retaliation complaint, skip 5a and 5b, and go to 5c.
- (6b) **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.
- (6c) **Retaliation:** Check yes if you believe you were subjected to retaliation because you filed a complaint or participated in the investigation of a complaint.

**Complete d-g if you were not the person who was harassed, discriminated or retaliated against and if you know the information.**

- (7) **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.
- (8) **Respondent(s):**

**Name and Contact Information (if known):** 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.

**Respondent(s) Status:** Check the appropriate box for each listed in Number 7, if known.

**Respondent Department:** If the Respondent is an employee of WVUP, state his/her department if known.

**How you came into contact with the respondent:** Please state how you came into contact with the respondent. For example, if the respondent is a student, state what classes you may have with the student. If the respondent is 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, teacher or coach, etc.

- (9) **Witnesses:** If you have any witnesses, please provide their names and contact information, if known. Attach additional sheets if necessary.

**Witness Status:** Check the appropriate box for each listed in Number 7, if known.

**Witness Department:** If the Respondent is an employee of WVUP, state his/her department if known.

- (10) **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.

- (11) **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, including state or federal court, check "yes", the agency with which you filed (and name if applicable), and provide the date you filed.

- (12) **Confidentiality Requested:** Please check the appropriate box and add any additional comments if necessary.

- (13) **Academic/Employment Requests:** Please list any requests you may have regarding your employment or academic arrangement. For example, if you are supervised by the respondent and would like to be reassigned pending the final disposition of the complaint. Please see the information packet for more information on interim measures and changes to academic/employment arrangements. Requests will be granted in accordance with state and federal law.

- (14) **Remedy Sought:** 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 resolutions or sanctions.

- (15) **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.

- (16) **Signature/Notice:** Sign and mail or fax the completed FORM only to the Title IX 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 and investigate complaint and may impact the final outcome. Information and assistance in completing this Complaint Form may be obtained from the Title IX Coordinator.

Keep the **General Information Packet**, this **Instruction Sheet** and a **copy** of the signed and completed **Complaint Form** for your records. Submit the signed *Complaint Form* as instructed at the end of the *Form*.

---

West Virginia University at Parkersburg

COMPLAINT FORM

Discrimination / Harassment / Sex Discrimination / Sexual Harassment / Hostile Work Environment / Retaliation

1. Complainant: \_\_\_\_\_

2. Status (check one):

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

3. Complainant's Department (if employed at WVUP): \_\_\_\_\_

4. Contact Information:

Phone(s): \_\_\_\_\_
E-mail: \_\_\_\_\_
Address: \_\_\_\_\_

5. (When applicable) Complainant's Representative's Name: \_\_\_\_\_

Representative's Contact Information:
Phone(s): \_\_\_\_\_
E-mail: \_\_\_\_\_
Address: \_\_\_\_\_

6. a. I believe I was [ ] subjected to [ ] witnessed

[ ] discrimination [ ] harassment [ ] hostile environment based upon:

- Race, Color, Age, Gender Identity, Pregnancy, Genetic Information, Other, Disability, Sexual Orientation, Sex, Religion, Stalking, Service in the Uniformed Services or Covered Veterans, Citizenship, Marital Status, National Origin/Ancestry, Intimate Partner Violence

b. I believe I have been [ ] sexually harassed [ ] witnessed sexual harassment

[ ] Yes [ ] No

c. I believe I was subjected to retaliation. [ ] Yes [ ] No

Complete d-g if you were not the person who was harassed, discriminated or retaliated against and if you know the information:

d. Name of person you observed who was discriminated against or harassed:

\_\_\_\_\_

e. Status (if known):

- Staff Employee, Faculty Employee, Student Employee, Former Employee, Student, Applicant, Other: \_\_\_\_\_

f. Department (if employed at WVUP): \_\_\_\_\_

\_\_\_\_\_

**g. Contact Information:**

Phone(s): \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**7. Date(s)/Places of alleged discrimination/harassment/retaliation:**

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

**8. Respondent(s)** (Attach additional sheets, if necessary) :

---

**a. Name and contact information (if known):**

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

**Status if known:**

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

**Department** (*if employed by WVUP and if known*): \_\_\_\_\_

**How you came into contact with the respondent:** \_\_\_\_\_

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

---

**b. Name and contact information (if known):**

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

**Status if known:**

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

**Department** (*if employed by WVUP and if known*): \_\_\_\_\_

**How you came into contact with the respondent:** \_\_\_\_\_

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

---

9. **Witnesses** (Attach additional sheets, if necessary):

---

a. **Name and contact information (if known):**

---

---

---

**Status if known:**

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

**Department** (if employed by WVUP and if known): \_\_\_\_\_

---

b. **Name and contact information (if known):**

---

---

---

**Status if known:**

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

**Department** (if employed by WVUP and if known): \_\_\_\_\_

---

10. a. **If you are a WVUP 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:** \_\_\_\_\_

11. a. **Have you filed a complaint with a government agency or court 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       Law Enforcement Agency – Name \_\_\_\_\_  
 Other Name \_\_\_\_\_

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

12. **Confidentiality Requested:**       Yes       No      Comments: \_\_\_\_\_

---

13. **Academic/Employment Arrangements Requested:**

---

---

---

14. **Remedy Sought:**

---

---

---



**16. Signature**

By signing this COMPLAINT 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 WVUP'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 Social Justice Officer/Title IX 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 sexual misconduct 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 safe working and learning environment that is free from discrimination and harassment including but not limited to 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 and other state and federal law. I further understand that if confidentiality is requested that the institution may be limited in its response and investigation and that the final outcome may be impacted by the request.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City State

\_\_\_\_\_  
Date

**SUBMIT TO: Main campus in Parkersburg**

Debbie Richards, Social Justice Officer/Title IX Coordinator, Room 1010  
OR Scott Poe, Deputy Title IX Coordinator, Room 1008  
West Virginia University at Parkersburg  
300 Campus Drive, Parkersburg, WV 26104  
e-mail: [Debbie.Richards@wvup.edu](mailto:Debbie.Richards@wvup.edu)  
OR [Scott.Poe@wvup.edu](mailto:Scott.Poe@wvup.edu)  
FAX: (304) 424-8302

**Jackson Co. Center in Ripley:**

John Gorrell, Deputy Title IX Coordinator  
Dean, Jackson County Center of  
West Virginia University at Parkersburg  
105 Academy Drive  
Ripley, WV 25271  
e-mail: [John.Gorrell@wvup.edu](mailto:John.Gorrell@wvup.edu)  
FAX: (304) 372-6948