REPORT OF HARASSMENT, DISCRIMINATION, SEXUAL VIOLENCE, AND/OR RETALIATION

If you have experienced harassment, discrimination, sexual violence, and/or retaliation that you believe violates WVU at Parkersburg Policy A-44, you are encouraged to submit a report regarding your experience. Upon receipt of your report, a trained professional will reach out to you to offer assistance and supportive measures, as well as to discuss your rights and options for addressing the matter. Before disciplinary action may be taken against a member of the WVUP community accused of harassment or discrimination, an impartial investigation that substantiates a policy violation, as well as due process for the accused, would be necessary. This form is for reporting your personal experience.

Questions regarding this form may be directed to Human Resources at hr@wvup.edu.

COMPLAINANT (Victim)

WVU at Parkersburg will accept anonymous reports; however, the institution may be limited in its ability to address the circumstances reported.

My Name: _____ ❑ Faculty ❑ Staff ❑ Student Employee ❑ Other

My Phone Number: _____ My E-mail:_____

INCIDENT INFORMATION

***Incident Date(s):** _____ **Incident Time(s):** _____

***Incident Location(s):**
❑ Campus Building
❑ Campus Outdoors
❑ Off Campus
❑ WVUP Sponsored Event
❑ Other

Specific Location(s): _____

_____

***Incident Type(s):**
❑ Discrimination
❑ Harassment
❑ Sexual/Dating/Domestic Violence
❑ Stalking
❑ Retaliation
❑ Other

***Protected Characteristic(s) Basis for Report:**
❑ Sex
❑ Gender Identity/Expression
❑ Sexual Orientation
❑ Pregnancy/Parenting Status
❑ Genetic Information
❑ Veteran Status
❑ Age
❑ Race/Color
❑ National Origin/Ancestry
❑ Disability
❑ Religion
❑ Other_____

***Have you reported this information to law enforcement?** ❑ Yes ❑ No

Agency: _____

Date Reported: _____

Case No.: _____

***Have you reported this information to a federal or state agency?** ❑ Yes ❑ No

Agency: _____

Date Reported: _____

Case No.: _____

RESPONDENT (Accused)

***Respondent's Name:** _____

Affiliation: ❑ Student ❑ Faculty ❑ Staff ❑ Student Employee ❑ Alumni ❑ Guest ❑ Other

Respondent's Phone Number: _____ **Respondent's E-mail:** _____

*INCIDENT DESCRIPTION

_____

_____

_____

_____

_____

RESPONSE

Complainant seeks:

❑ No Action ❑ Supportive Measures Only ❑ Meeting with Compliance Administrator

To submit this report via email, save this fillable form and email to hr@wvup.edu

To submit anonymously, please **print** and:

Mail to Human Resources WVU Parkersburg; 300 Campus Drive; Parkersburg, WV 26104

Or deposit in the secure Drop Box next to Human Resources on the main campus in Parkersburg.

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