Harassment, Discrimination, Sexual Violence, and Retaliation
THIRD PARTY REPORT FORM

Upon receiving notice of an alleged violation of Policy A-44, Harassment and Discrimination, MANDATORY REPORTERS (all employees) and individuals designated under Title IX as OFFICIALS WITH AUTHORITY (OWA) within WVU Parkersburg are responsible for submitting a third-party report of all available information on this form. Questions regarding this form may be directed to Human Resources at hr@wvup.edu.

THIRD PARTY REPORTER INFORMATION

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

*My Title/Role: _____

*My Phone Number: _____ *My E-mail:_____

REPORT INFORMATION

***Date I received "Notice":** _____

***Information Received:** ❑ In Person ❑ E-mail ❑ Phone Call ❑ Postal Mail ❑ Social Media ❑ Other

***Reported to me by (Name):** _____ **WVUP ID:** _____

Phone Number: _____ **E-mail:** _____

***Relationship to Incident(s):** ❑ Complainant (Victim) ❑ Respondent (Accused) ❑ Witness ❑ Other

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

INCIDENT INFORMATION

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

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

Specific Location(s): _____

_____

***Clery Reportable:** ❑ Yes ❑ No ❑ Unsure

***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 / Unknown

***Has the party reported this information to law enforcement?** ❑ Yes ❑ No ❑ Unsure

Agency: _____

Date Reported: _____

Case No.: _____

***Has the party reported this information to a federal or state agency?** ❑ Yes ❑ No ❑ Unsure

Agency: _____

Date Reported: _____

Case No.: _____

INVOLVED PARTIES

***Complainant's Name:** _____ **WVUP ID:** _____

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

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

***Respondent's Name:** _____ **WVUP ID:** _____

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

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

*INCIDENT DESCRIPTION

_____

_____

_____

_____

_____

RESPONSE

***Notification:**

❑ I have notified the reporter that this information is being submitted to the compliance administrator.

❑ If not, explain why:_____

I have submitted:

❑ Clery Crime Report to Lt. Collins (if applicable)

❑ CPS Report (if Complainant is a minor)

***Applicable only to sex-based incidents:** I have provided the reporter with the institution's VAWA brochure and offered assistance with relevant services. ❑ Yes ❑ No

***Complainant seeks:**

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