

WL WEST LIBERTY UNIVERSITY

TITLE IX

Do not use this form to report events presenting an immediate threat. If you require emergency assistance, please contact Campus Police at 304-336-8021 or call 911. This form is designed to provide West Liberty University students, employees, faculty, vendors, visitors, or others with an on-line method to report specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation.

The information is sent to the Title IX Coordinator, who will determine what, if any, action by the University is necessary. **The University will make every effort to protect the privacy of all involved, but the information you provide in completing this form is not confidential and may be shared as necessary for the University to take the appropriate action.** You are not required to complete the entire form in order for the complaint to be submitted. The University will use the information provided to begin an investigation, which may include contacting the complainant, respondent, and/or any potential witnesses. However, if the report does not contain specific information, the University's investigation and response may be limited

You should review the University's Policy on the www.westliberty.edu website at <http://www.westliberty.edu/bog/files/2010/01/Policy-32-Sexual-Harassment-Sexual-Discrimination-and-Other-Unlawful-Conduct.pdf>.

Name: _____

E-mail: _____

Status: Student Staff/Faculty Campus Visitor Vendor Other: _____

Against whom are you filing this complaint? Please list the name(s) of the individual(s) you believe violated this policy? _____

Type of complaint: Discrimination Harassment (including sexual misconduct) Retaliation Other

What happened that made you decide to contact this office? _____

While providing details is essential to investigating your complaint, please be advised that some or all of the information you provide in this section may be shared with the person(s) you are accusing. You may supplement this description later if you wish to share additional details.

When and where did the incident(s) occur, and it is still ongoing? Please give date(s) and time(s) and location(s).

Please list any witnesses/observers to the incident(s) and include contact information, if known.

What response did you make when the incident(s) occurred or afterwards?

Please add any additional information that supports your complaint.

What remedy are you seeking?

I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature

Date