

Purpose of Form

West Virginia University does not tolerate sexual misconduct, domestic misconduct, discrimination, stalking, retaliation, or harassment. All of this conduct is specifically defined and prohibited by Board of Governors Policy 44: <http://bog.wvu.edu/r/download/191492>. If you are unsure whether particular conduct is prohibited by Policy 44, but believe that it may be, you are encouraged to fill out this form.

This form may be filled out by the alleged victim of conduct prohibited by Policy 44, or any other person who witnesses or has knowledge of such alleged conduct, or by the Division of Diversity, Equity and Inclusion when appropriate.

Important Note for Victims

IF YOU ARE A VICTIM OF SEXUAL ASSAULT, SEXUAL VIOLENCE, DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING AND DO NOT FEEL SAFE, PLEASE DO THE FOLLOWING:

- 1) Call 911 immediately.
- 2) Seek out additional support, including:

Title IX Education Specialists/ WVU Peer Advocates:

The University's Title IX Education Specialists are private employees who can meet with you or send a trained WVU Peer Advocate to meet you at the hospital, student health, the police department, or the WVU Title IX Office, or other approved locations. You can speak with these advocates privately, and they can provide you with support as well as your resources and options both on- and off-campus. During regular business hours, a Title IX Education Specialist can be reached at (304) 293-5600 or after hours at one of the following mobile phone numbers: (304) 906-9930 or (304) 960-1920.

WELLWVU Carruth Center for Psychological and Psychiatric Services:

Sexual assault counselors and licensed psychologists offer free, confidential counseling and advocacy specifically for WVU Students.

Services available 24 hours a day 7 days per week 304-293-4431.

RDVIC (Rape and Domestic Violence Information Center) 24-hour hotline:

The Rape and Domestic Violence Information Center 24-hour hotline is 304-292-5100.

Aside from contacting a professional, it is always helpful to have someone that you trust and care about with you. Reach out to a friend or family member to help you through the process.

Go to the hospital for medical care, evidence collection, and access to emergency contraception and medicine to help prevent STIs.

You can obtain both medical treatment and a Sexual Assault Forensic Evidence (SAFE) kit at the hospital. Consenting to a SAFE kit does NOT mean you have to press criminal charges at that time. Even if you are not

sure that you want to file a police report, it can be helpful to have any available evidence collected in case you decide to file a report with law enforcement at a later date. The nurse can also provide emergency contraception and treatment for sexually transmitted infections (STIs).

In order to preserve evidence for a kit, it is important to not shower or change your clothes. However, a SAFE kit can still be done even if you have done these things. Clothes may be collected as part of a SAFE kit, so if you haven't changed, bring a change of clothes with you to the hospital if possible. Try not to eat or drink anything or brush your teeth before going to the hospital.

As per an agreement with the State of West Virginia, Ruby Memorial Hospital 304-598-4172 will waive the cost of the SAFE kit if you identify yourself as a WVU student at the time of the examination.

Reporting Procedure, Requirements, and Exemptions

Anyone with knowledge is encouraged to fill out this form. If you are a West Virginia University employee and have knowledge of sexual harassment, sexual misconduct, domestic misconduct, or stalking, you must fill out this form unless you have been explicitly told that you are a professional or pastoral counselor who is exempt from such disclosure. If you are making this report on behalf of someone else, you should let that person know that you must report what you have learned, but that confidential counseling is available at WELLWVU's Carruth Center for Psychological and Psychiatric Services.

This form may be submitted online by pressing "send" after you fill out this form.

You may also submit a hard copy completed form as a .pdf and email it to titleIX@mail.wvu.edu.

You may also mail or hand deliver a hard copy of this completed form to:

Division of Diversity, Equity and Inclusion
Equity Assurance Office
1085 Van Voorhis Road Suite 250
P.O. Box 6202
Morgantown, WV 26506-6202.

In addition to completing this form, you may also call [James Goins, Jr.](#), WVU Title IX Coordinator, at the Equity Assurance Office at 304-293-5600.

Finally, in the case of non-consensual sexual contact or intercourse, as defined in Policy 44, you are also encouraged to contact the University Police Department at (304) 293-3136.

Please answer questions to the best of your ability and provide as much information as possible.

Information About You:

Date this Complaint Form Is Being Submitted: _____

Name of Person Submitting This Complaint: _____
(Last) (First)

Your Gender: _____

Your Race (important to share if you are claiming that racial discrimination has occurred): _____

Your Status on Campus: Student Employee
 Visitor (explain) _____
 Other (explain) _____

Your Address: _____

Your Phone Number: _____ Your E-mail: _____

Information About The Alleged Victim (If Not You):

Name of Alleged Victim¹ (if different): _____
(Last) (First)

Gender of Alleged Victim: _____

Race of Alleged Victim (important to share if you are claiming racial discrimination): _____

Alleged Victim's Status on Campus: Student Employee
 Visitor (explain) _____
 Other (explain) _____

Alleged Victim's Address (if known): _____

Alleged Victim's Phone Number: _____ Alleged Victim's E-mail: _____

¹ If more than one alleged Victim, please add additional information about other alleged Victims at the end of this form.

Information About the Alleged Perpetrator (Respondent):

Name of Respondent(s),² if known:

Respondent's: Gender _____ Race _____ Age ____ Height _____ Weight _____

Respondent's Status on Campus: Student Employee

Visitor (explain) _____

Unknown

Nature of alleged victim's relationship to respondent, if known (check one):

Stranger Co-worker Supervisor Relative Spouse/Partner

Friend or nonromantic acquaintance Romantic acquaintance or date

Please answer the questions below to the best of your ability and provide as much information as possible. If more space is needed, please utilize the last page, or attach a separate document.

For what reason are you making this complaint? (Check one)

Discrimination

Domestic or Dating Violence

Harassment

Stalking

Sexual Misconduct

Other (please explain) _____

What happened that made you file this complaint? _____

² If more than one Respondent, please add additional information about other Respondents at the end of this form.

For cases of alleged non-consensual sexual contact or intercourse, complete this italicized section.

- Sexual contact (fondling, kissing, petting but not penetration) without consent*
- Attempted intercourse without consent (penetration did not occur)*
- Intercourse (oral, anal, or vaginal penetration by penis or other object) without consent*
- Other*

(describe) _____

Was the alleged victim incapacitated by: Alcohol? Y N *Drugs?* Y N *Other?* Y N

Was a weapon involved? Y N *(If yes, type of weapon: _____)*

When did this incident occur, and is it still ongoing? (Please provide date(s) and time(s):

Where did this incident(s) take place? (Provide location):

How often does this situation occur? (Once, Daily, Weekly, etc.):

Please list any witnesses/observers to the incident(s) (Include contact information and title, if known):

What response, if any did you make when the incident(s) occurred?

Have you discussed this with anyone else? (Human Resources, RA, Faculty, etc) If so, with who and when did the discussion take place?

Do you know of anyone else that has had the same experience as you? Who?

Is there anyone else that has relevant information? (Please provide name, contact info, and description of info)

Is there any written documentation or electronic communication (email, texts, social media, etc.) to support your allegations? If yes please list and/or attach.

How would like to see this situation resolved? (What do you want to happen?)

Has there been any offer made to you to informally resolve this issue? (If yes, what was the offer?)

Please identify other contact points that you have reported this behavior to:

- Morgantown Police University Police RDVIC
Residential Education Student Conduct Carruth Center
Other (explain) _____

Please answer each question below by checking an option:

I would / would not like assistance in seeking of resources for victims on campus.

I would / would not like assistance reporting this matter to the University Police Department.

I consent / do not consent to the University notifying my parents of this incident (for students).

I would / would not like assistance relocating to another residence hall or to a different employment location as a result of this incident.

I would / would not like assistance requesting a change in my class schedule as a result of this incident.

I would / would not like other assistance with academic accommodations, financial aid accommodations, or counseling.

Print Name: _____

Signature: _____ **Date:** _____

Received by: _____ **Date:** _____

West Virginia University is an Equal Opportunity/Affirmative Action Institution. The University does not discriminate on the basis of race, sex, age, disability, veteran status, religion, sexual orientation, color, or national origin in the administration of any of its educational programs, activities, or with respect to admission or employment.

