



Discrimination or Harassment Complaint Form West Virginia School of Osteopathic Medicine

INSTRUCTIONS: This complaint form should be filed with the Equal Employment Opportunity/Equity/Affirmative Action Coordinator and the Americans with Disabilities Act/504 Coordinator (EEO/Equity/AA/ADA/504 Coordinator) who is the Associate Vice President for Human Resources or their designee in RM A230 – WVSOM Main Campus or hr@osteo.wvsom.edu

1. Name	2. Department	3. Telephone (work):
4. Job Title	5. Division/Office	6. Telephone (cell):
7. Home Address	8a. Full name, title, and telephone number of person(s) you believe discriminated against you:	
8. Date(s) of discriminatory Actions		
8b. Your Status (Check applicable box): <input type="checkbox"/> Employee <input type="checkbox"/> Job Applicant <input type="checkbox"/> Student <input type="checkbox"/> Applicant for Admissions <input type="checkbox"/> Other (Specify): _____		
9. Basis of Discrimination: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Age <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Partnership Status </div> <div style="width: 33%;"> <input type="checkbox"/> Ethnicity <input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Genetic Information (including refusal to submit to or provide results of a genetic test) <input type="checkbox"/> Liability for Military Service <input type="checkbox"/> Marital/Civil Union Status <input type="checkbox"/> Nationality </div> <div style="width: 33%;"> <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender (including pregnancy) <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory practice) </div> </div>		
10a. Explain why you feel you have been discriminated or harassed against: _____ <input type="checkbox"/> CHECK IF ADDITIONAL SHEETS ARE ATTACHED		
10b. Were the actions or behavior you are complaining about directed at, or said to, you <input type="checkbox"/> and/or another party <input type="checkbox"/> (third party harassment)? 10c. Was the incident reported to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No 10d. What remedy or resolution are you seeking? 10e. If appropriate, as determined by the EEO Officer, are you willing to attempt to resolve your complaint through mediation or another conflict dispute resolution process? <input type="checkbox"/> Yes <input type="checkbox"/> No 10f. Complainant's Signature: _____ Date: _____		
11. Have you filed a complaint with: WV Human Rights Commission <input type="checkbox"/> Yes <input type="checkbox"/> No American Osteopathic Association <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Equal Employment Opportunity Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No West Virginia Grievance Board <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Completion of this part is voluntary. The information is to be used only for State and Federal record keeping and reporting requirements: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Note: In addition to filing an internal complaint, a complainant has a right to use external complaint filing procedures available under state law (with the WV Human Rights Commission) and federal law (with the US Equal Employment Opportunity Commission).		
FOR EEO/Equity/AA/ADA/504 Coordinator ONLY		
EEO/Equity/AA/ADA/504 Coordinator Signature: _____ Date Received: _____		



Procedures for Complaints Alleging Discrimination or Harassment West Virginia School of Osteopathic Medicine

1. Employees, Students, applicants for employment and applicants for admission with the West Virginia School of Osteopathic Medicine (WVSOM) are encouraged to immediately report suspected discrimination or harassment of any kind.
2. Complaints may be submitted verbally or in writing to the EEO/Equity/AA/ADA/504 Coordinator in the Human Resources office.

Leslie W. Bicksler, MSW

Associate Vice President of Human Resources

Equal Employment Opportunity/Equity/Affirmative Action/American with Disabilities Act/504 Coordinator (EEO/Equity/AA/ADA/504 Coordinator)

West Virginia School of Osteopathic Medicine

400 North Lee Street/Room A230

Lewisburg, WV 24901

800/356-7836 Toll Free

304/647-6279 Direct Line

304/647-6322 Fax

lbicksler@osteo.wvsom.edu

If the complaint involves the Human Resources office then the complaint may be sent directly to the Vice President for Finance and Facilities at lware@osteo.wvsom.edu.

3. Harassment or discrimination complaints that involve sexual harassment or sexual misconduct can also be filed using this form or by contacting WVSOM's Title IX Coordinator Dr. Rebecca Morrow at 304/793-6591 or rmorrow@osteo.wvsom.edu. Additional resources are available on WVSOM's website at <http://www.wvsom.edu/OMS/TIX/TIX-overview> or [Institutional Policy GA 14 Equal Opportunity, Nondiscrimination, Sexual Misconduct and Other forms of Harassment](#).
4. Any manager, supervisor, or employee that receives a complaint of suspected discrimination or harassment should file it within 24 business hours to the Human Resources office.
5. In order to help facilitate a prompt, thorough and impartial investigation, all complainants are encouraged to complete the Discrimination or Harassment Complaint Form. However it is not mandatory when making a complaint.
6. When a complaint is received, the EEO/Equity/AA/ADA/504 Coordinator or authorized designee will perform a prompt, thorough and impartial investigation into the alleged harassment or discrimination. The EEO/Equity/AA/ADA/504 Coordinator will determine if interim corrective measures must be taken during the investigation and all appropriately concerned parties will be notified.
7. The investigation of a complaint shall be completed and a final letter of determination should be issued no later than 90 days from the initial complaint. The final determination should include: a summary of the complaint, a summary of all concerned parties' positions, and a summary of the facts developed through the investigation. The final determination will also include an explanation of the final determination which will include whether the allegations were either substantiated or not substantiated and if there was or was not a violation of WVSOM policies. If violation of a state or federal law or WVSOM policy has been determined the EEO/Equity/AA/ADA/504 Coordinator will continue to step 7 immediately.
8. If further actions are necessary the EEO/Equity/AA/ADA/504 Coordinator will complete a report that contains: a summary of the complaint, a summary of both parties' positions, a summary of the facts developed through the investigation and an analysis of the allegations and facts. This report will be submitted to the WVSOM President to determine what further actions will be taken.