



West Virginia School of Osteopathic Medicine
DISCRIMINATION COMPLAINT PACKET
 Discrimination/Harassment/Sex Discrimination/
 Sexual Harassment/Retaliation

General Information

The individual filing the complaint is referred to as the “Complainant”.

The accused is referred to as the “Respondent”.

Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964 (Title VII), The Pregnancy Discrimination Act of 1978, The Equal Pay Act of 1963 (EPA), The Age Discrimination in Employment Act of 1967 (ADEA), The Older Workers Benefit Protection Act of 1990 (OWBPA), Title I of the Americans with Disabilities Act of 1990 (ADA), Sections 102 and 103 of the Civil Rights Act of 1991, Sections 501 and 505 of the Rehabilitation Act of 1973, the Genetic Information Act of 2008 and the West Virginia Human Rights Act are Federal and State laws that protect fundamental rights of nondiscrimination and health information privacy. West Virginia School of Osteopathic Medicine is an Equal Opportunity/Affirmative Action Institution that does not discriminate on the basis of race, ethnicity, color, religion, sex (including pregnancy), gender, gender identity, sexual orientation, national origin, age, marital status, veteran or military status, disability, genetic information, or other category that is protected under federal, state, or local anti-discrimination laws in the administration of any of its educational programs, activities, or with respect to admission or employment. West Virginia School of Osteopathic Medicine is committed to providing an environment that is supportive and comfortable for you to discuss your concerns regarding individual treatment in the workplace, educational setting, equal employment opportunity, and diversity. Every effort will be made to ensure the fair and equal treatment of all involved parties during the complaint investigation process. West Virginia School of Osteopathic Medicine requests that discrimination, harassment, sex discrimination, sexual harassment, disability and any other complaints of unlawful discrimination **be filed within 30 days from the date of the alleged incident(s) with:**

Title IX Coordinator

Aaron Phillips, PhD
 400 Lee Street North
 Lewisburg, WV 24901
aphillips2@osteo.wvsom.edu

and/or

Equal Opportunity and ADA
 Coordinator

Leslie Bicksler
 400 Lee Street North
 Lewisburg, WV 24901
lbicksler@osteo.wvsom.edu

Complaints may be filed after 30 days however, individuals are encouraged to report incidents as soon as possible because the passage of time may affect the institution’s ability to investigate the incident.

If the complaint is against the Title IX Coordinator or the Equal Opportunity/ADA Coordinator, please file your complaint with: Dr. Linda Boyd, Vice President for Academic Affairs/Dean, 400 Lee Street North, Lewisburg, WV 24901 or lboyd@osteo.wvsom.edu.



During the investigation process, West Virginia School of Osteopathic Medicine will follow the grievance process for formal complaints of sexual harassment, as outlined in Institutional Policy GA-14, Section 12.

Alcohol or Drug Use

Alcohol or drug use by the accused and/or the complainant are not defenses to discrimination or harassment, sex discrimination or sexual harassment (including acts of sexual violence). Use of drugs or alcohol may, however, affect the alleged victim's and/or accused's memory which may impact the investigation and final outcome of a complaint.

Retaliation

Various State and Federal laws, including but not limited to Title IX and West Virginia School of Osteopathic Medicine prohibit retaliation against any individual who files or participates in the investigation of a discrimination, harassment, sex discrimination or sexual harassment complaint. The Title IX or Equal Opportunity and ADA Coordinator will investigate retaliation complaints and report the findings to appropriate West Virginia School of Osteopathic Medicine personnel for review and applicable action. If you feel that you have been retaliated against for filing a complaint or otherwise participating in a complaint investigation process, please contact the Title IX or Equal Opportunity and ADA Coordinator.

Criminal Conduct

Acts of sex discrimination or sexual harassment, including but not limited to acts of sexual violence, may also constitute acts of criminal conduct. Any individual may report an incident alleging criminal conduct by calling 9-1-1 in an emergency or by contacting the West Virginia School of Osteopathic Medicine Security at: (304)647-8911. The West Virginia School of Osteopathic Medicine Security Office and/or other law enforcement authorities may be notified if a complaint contains allegations of criminal conduct.

Pursuant to the federal law known as the *Jeanne Clery Act* (20 USC § 1092(f)), any campus security or law enforcement personnel or any West Virginia School of Osteopathic Medicine employee who has significant responsibility for student and campus activities (including but not limited to faculty advisers to student groups, coaches and a student activities director) who has witnessed or been informed of an alleged incident that constitutes a crime for the purpose of the Clery Act including but not limited to a forcible or nonforcible sex offense or a hate crime, whether a criminal or administrative complaint has been filed, must:

- a. follow West Virginia School of Osteopathic Medicine procedures for making a report for the annual crime statistics report; and
- b. notify the Title IX or Equal Opportunity and ADA Coordinator so that any applicable administrative, investigative or other resolution procedures may be initiated.



Employees may be obligated to report to law enforcement the fact that an alleged Clery Act Crime has been reported, but the name or other personally identifiable information about the complainant will be provided only with the consent of the complainant, except as may be required or otherwise permitted by law.

The administrative investigation of complaints filed with the Title IX or Equal Opportunity and ADA Coordinator is different from a law enforcement investigation. The technical rules of evidence and procedure do not apply. A law enforcement investigation will not take the place of an investigation or disposition of a complaint filed with the Title IX or Equal Opportunity and ADA Coordinator, and the results of a law enforcement investigation or adjudication are not determinative of whether an individual is responsible for discriminatory/harassing/retaliatory conduct. An investigation by the Title IX or Equal Opportunity and ADA Coordinator may be carried out prior to, simultaneously with, or following civil or criminal proceedings off campus. West Virginia School of Osteopathic Medicine will cooperate fully with law enforcement and other agencies in the enforcement of criminal law on campus or that affects the campus community and such cooperation may require the institution to temporarily suspend the fact-finding aspect of the administrative investigation while the law enforcement agency is in the process of gathering information. Suspensions of investigations typically last from three to ten days but may be extended depending upon the circumstances of each case. West Virginia School of Osteopathic Medicine will promptly resume its administrative investigation as soon as notified by the law enforcement agency that it has completed the evidence gathering process.

Supportive Measures

West Virginia School of Osteopathic Medicine may remove a respondent from WVSOM's education program or activity on an emergency basis or place a non-student employee respondent on administrative leave, as outlined in Institutional Policy GA-14, Section 11.

WVSOM may offer non-disciplinary, non-punitive individualized services as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint or where no formal complaint has been filed. A description of these supportive measures is available in Institutional Policy GA-14, Section 4.9

Related Conduct

The Title IX or Equal Opportunity and ADA Coordinator is empowered to hear allegations of, and to investigate conduct that violates any institution rule regulation or policy including but not limited to employee handbooks and/or any student conduct code directly related to the alleged discriminatory/harassing/retaliatory conduct. The Title IX or Equal Opportunity and ADA Coordinator may refer the complaint to other college departments for disposition pursuant to other disciplinary procedures if the conduct does not rise to the level of discrimination or harassment but does violate other institutional rules, regulations or policies.

Medical Treatment and Counseling Information

A Resources, Rights and Options document is available on the WVSOM website at <https://www.wvsom.edu/title-ix/written-notification-checklist>.

Medical assistance in emergency situations can be obtained by dialing 9-1-1. WVSOM Security is also available by calling 304/647-8911. Medical assistance is available at:

- a. Greenbrier Valley Medical Center -304/647-4411 – Incidents of sexual assault should go directly to the Greenbrier Valley Medical Center Emergency Room.



- b. Robert C. Byrd Clinic – 304/645-3220

Counseling assistance is available twenty-four hours a day, seven days a week from:

- a. Family Refuge Center (Family Refuge Center (FRC) is a community-based domestic violence and sexual assault program serving Pocahontas, Greenbrier, and Monroe Counties in southeast West Virginia committed to ending physical, sexual, and emotional abuse in families. FRC encourages and promotes healthy family life based on mutual respect and support for all family members.
(304) 645-6334
<http://www.familyrefugecenter.org/>
- b. Rape, Abuse and Incest National Network National Sexual Assault Hotline
1-800-656-HOPE (4673) <http://www.rainn.org/>
- c. The National Domestic Violence Hotline
1-800-799-7233 <https://www.thehotline.org/>

West Virginia School of Osteopathic Medicine also offers the services of on campus licensed professional counselors for student issues. If you would like professional counseling services please contact the ASPIRE Office:

ASPIRE Office –

Ginger Conley	gconley@osteo.wvsom.edu
Julianna Quick	jquick@osteo.wvsom.edu
Kelley Sills	ksills@osteo.wvsom.edu
Mike Beswick	mbeswick@osteo.wvsom.edu
400 Lee Street North	
Lewisburg, WV 24901	
(304) 647-6324	

You do not have to formally report an incident to seek medical attention or receive counseling support services.

Additional Information

Additional information regarding the enforcement of State and Federal anti-discrimination/harassment/retaliation laws and complaint procedures may be obtained from the following agencies:

Office of Civil Rights	The West Virginia Human Rights Commission
U.S. Department of Education	1321 Plaza East – Room 108A
100 Penn Square East, Suite 515	Charleston, WV 25301
Philadelphia, PA 19107-3323	Telephone: 304-558-2616
Telephone: 215-656-8541	Toll Free: 888-676-5546
FAX: 215-656-8605; TDD: 877-521-2172	FAX: 304-558-0085
Email: OCR_Philadelphia@ed.gov	Website: http://www.wvf.state.wv.us/wvhrc/
Website: http://www2.ed.gov/about/offices/list/ocr/index.html	

Employees Only:



United States Equal Employment Opportunity Commission
801 Market Street, Suite 1300
Philadelphia, PA 19107-3127
Telephone: 866-408-8075
Fax: 215-440-2606
TTY: 800-669-6820
Website: <http://www.eeoc.gov/>

Complainant is at all times free to pursue a complaint with the Equal Employment Opportunity Commission, the West Virginia Human Rights Commission, the United States Department of Education Office for Civil Rights (responsible for enforcing Title IX), the United States Department of Labor (Office of Federal Contract Compliance Programs), or by consulting a labor/employment attorney at her or his own expense.



West Virginia School of Osteopathic Medicine DISCRIMINATION COMPLAINT PACKET

Discrimination/Harassment/Sex Discrimination/
Sexual Harassment/Retaliation

Instruction Sheet

A. FILING A COMPLAINT

If you feel that you have been subjected to discrimination or harassment based on any of the above stated protected basis, please complete the following FORM and mail or fax it to the Title IX or Equal Opportunity and ADA Coordinator (see address and fax number below). The Title IX or Equal Opportunity and ADA Coordinator will also assist you if need help completing the form. Your complaint should be filed as soon as possible after the alleged incident(s). **The person filing the complaint is referred to as the Complainant. The person believed to be responsible for the incident(s) stated in the complaint is the Respondent.**

- (1) **Name of Complainant:** The name of the person who is filing the complaint
- (2) **Status:** Indicate whether you are a staff, academic, or student employee, a student, an applicant, former employee, vendor, or if you have another affiliation with West Virginia School of Osteopathic Medicine.
- (3) **Complainant's Department:** If you are an employee, the department in which you work; if you are a former employee, the department in which you worked
- (4) **Contact Information:** Provide the phone number(s), email and mailing address where you can be reached.
- (5a) **Basis:** Check the appropriate box(es). If this is a retaliation complaint, skip 5a and 5b and go to 5c.
- (5b) **Sexual Harassment:** Sexual harassment is a form of sex discrimination and includes but is not limited to acts of sexual violence such as sexual assault, rape, and acquaintance rape. If you feel that you have been sexually harassed, please check YES and explain in paragraph 10.
- (5c) **Retaliation:** Check yes if this you believe you were subjected to retaliation because you filed a complaint or participated in the investigation of a complaint.
- (6) **Date(s)/Place(s):** (month, day and year): Please list the date(s) when and place(s) where the alleged incident(s) of discrimination/harassment/retaliation occurred
- (7) **Respondent(s):**
 - a. State the name or names of the individuals you believe to be responsible for the conduct set forth in the complaint including contact information if known.
 - b. Please state how you come into contact with the respondent. For example, if the respondent is a student, state whether you live near the student in housing provided by the institution and/or what classes you may with the student. If the respondent is an employee, state whether you are a student in respondent's class, are supervised by or work with him/her, or whether respondent is your advisor.



- (8) **Respondent(s) Status:** Check the appropriate box for each listed in Number 7, if known.
- (9) **Respondent Department:** If the Respondent is an employee of West Virginia School of Osteopathic Medicine, state his/her department if known.
- (10) **Witnesses:** If you have any witnesses, please provide their names and contact information, if known. Attach additional sheets if necessary.
- (11) **Witness(es) Status:** Check the appropriate box for each listed in Number 11, if known.
- (12) **Grievance:** If you are an employee and have filed a grievance with the West Virginia Public Employees Grievance Board, check “yes” and provide the date you filed.
- (13) **Government Agency:** Whether you are an employee or a student, if you have filed a complaint with a government agency other than the West Virginia Public Employees Grievance Board, check “yes”, the agency with which you filed, and provide the date you filed.
- (14) **Resolution:** What actions will resolve your complaint (e.g. training opportunity, cease the alleged behavior, etc)? Please be advised that the institution is under no obligation to impose any specific resolution or sanction.
- (15) **Confidentiality Requested:** Please check the appropriate box and add any additional comments if necessary.
- (16) **Complaint:** Be as specific as possible. Include the following information: what happened, and why you believe the discrimination/harassment/retaliation was related to any basis listed in section 6 (race, color, etc...). If this is a retaliation claim, state what you believe you were involved in that led to the retaliation. You may attach additional sheets or use the back of this form if necessary.
- (17) **Signature/Notice:** Sign and mail or fax the completed FORM only to the Title IX or Equal Opportunity and ADA Coordinator.

Attach additional sheets if necessary and any additional documentation which supports your claim of discrimination/harassment/sex discrimination/sexual harassment/retaliation. Your complaint should be filed within 30 days from the date of the alleged incident(s) but may be filed up to 350 days from the date of the alleged incident(s). Please be advised that the passage of time may affect the institution’s ability to address your complaint. Information and assistance in completing this Complaint Form may be obtained from the Title IX OR Equal Opportunity and ADA Coordinator.

Keep the **General Information, Instruction Sheet** and a copy of the signed and completed **Form** for your records.



**West Virginia School of Osteopathic Medicine
DISCRIMINATION COMPLAINT PACKET**

Discrimination/Harassment/Sex Discrimination/
Sexual Harassment/Retaliation

FORM

1. **Complainant:** _____

2. **Check one:**

- Staff Employee Academic Employee Student Employee Former Employee
- Student Applicant Other: _____

3. **Complainant's Department** (if employed at West Virginia School of Osteopathic Medicine):

4. **Contact Information:** Phone(s): _____ E-mail: _____

Mailing Address:

5. a. I believe I was subjected to discrimination harassment because of my:

- Race Disability (physical or mental) Citizenship
- Color Sexual Orientation Marital Status
- Age (40 and over) Sex (Gender) National Origin/Ancestry
- Gender Identity Service in the Uniformed Services or Covered Veterans
- Pregnancy Religion
- Genetic Information
- Other (please specify) _____

b. I believe I have been Sexually Harassed Yes No

c. I believe I was subjected to retaliation. Yes

6. **Date(s)/Place of alleged discrimination/harassment/retaliation:** _____



7. Respondent(s)

a. _____

b. _____

c. _____

8. Status of Respondents if known:

a. <input type="checkbox"/> Staff Employee	<input type="checkbox"/> Academic Employee	<input type="checkbox"/> Student Employee	<input type="checkbox"/> Former Employee
<input type="checkbox"/> Student	<input type="checkbox"/> Applicant	<input type="checkbox"/> Other: _____	
b. <input type="checkbox"/> Staff Employee	<input type="checkbox"/> Academic Employee	<input type="checkbox"/> Student Employee	<input type="checkbox"/> Former Employee
<input type="checkbox"/> Student	<input type="checkbox"/> Applicant	<input type="checkbox"/> Other: _____	
c. <input type="checkbox"/> Staff Employee	<input type="checkbox"/> Academic Employee	<input type="checkbox"/> Student Employee	<input type="checkbox"/> Former Employee
<input type="checkbox"/> Student	<input type="checkbox"/> Applicant	<input type="checkbox"/> Other: _____	

9. Respondent's Department (if employed by West Virginia School of Osteopathic Medicine and if known):

10. Witness(es)

a. _____

b. _____

c. _____

11. Status of Witnesses if known:

a. <input type="checkbox"/> Staff Employee	<input type="checkbox"/> Academic Employee	<input type="checkbox"/> Student Employee	<input type="checkbox"/> Former Employee
<input type="checkbox"/> Student	<input type="checkbox"/> Applicant	<input type="checkbox"/> Other: _____	
b. <input type="checkbox"/> Staff Employee	<input type="checkbox"/> Academic Employee	<input type="checkbox"/> Student Employee	<input type="checkbox"/> Former Employee
<input type="checkbox"/> Student	<input type="checkbox"/> Applicant	<input type="checkbox"/> Other: _____	



- c. Staff Employee
- Student
- Academic Employee
- Applicant
- Student Employee
- Other: _____

12. a. If you are a West Virginia School of Osteopathic Medicine employee, have you filed a grievance pursuant to W. Va. Code §6C-2-1, et seq.? Yes No

b. If yes, please provide date you filed grievance: _____

13. a. Have you filed a complaint with a government agency other than the West Virginia Public Employees Grievance Board regarding this situation? Yes No

If yes, please indicate agency name and date complaint was filed: OCR EEOC Other: _____

Date Filed: _____

14. What would you consider to be a successful or acceptable outcome/resolution to your complaint?

15. Confidentiality Requested: Yes No

Special Requests

The remainder of this page intentionally has been left blank.



17. Signature

By signing this FORM, I attest that the statements contained herein are true and that I am aware that filing a false complaint could result in disciplinary action up to and including termination of employment and/or suspension or expulsion from West Virginia School of Osteopathic Medicine’s educational programs/activities. I understand that during the investigation I may be asked to execute a release of medical information that is relevant to the claims set forth in this complaint. I understand that investigation of my complaint is not dependent upon my execution of the medical release. I understand that unless I have requested that my identity be kept confidential that this complaint, either in whole in or in part, will be provided to the respondent. I understand that the Title IX or Equal Opportunity and ADA Coordinator attempts to balance the needs of the parties for privacy with the institutional responsibility of ensuring a safe educational environment and workplace. Confidentiality is an aspiration, but is not always possible or appropriate. I understand that my requests regarding the confidentiality of reports of discrimination, or harassment including but not limited to sex offenses will be considered in determining an appropriate response; however, such requests will be considered in the dual contexts of the institution’s legal obligation to ensure a working and learning environment that is free from discrimination and harassment including but not limited to sexual misconduct and the due process rights of the accused to be informed of the allegations and their source. I understand that some level of disclosure may be necessary to ensure a complete and fair investigation and to insure that the institution meets its obligations under Title IX. I further understand that the institution may be limited in its response and investigation if confidentiality is requested.

Signature: _____ **Date:** _____

Date of Birth: _____

If Complainant is under the age of 18:

Parent/Guardian Signature _____

Date: _____