

## CONDUCT GRIEVANCE BOARD MISCONDUCT REPORT FORM

This form may be used to share information with the University of Mary related to an alleged act of discrimination, harassment, hazing, retaliation, or sexual misconduct, harassment, or discrimination not falling under Title IX.

The University of Mary's *Conduct Grievance Board* process and procedure may be found [here](#).

The University of Mary's *Title IX Sex Nondiscrimination Policy, Grievance Procedure, and Process* may be found [here](#).

Anyone can use this form to report an incident. You may submit this form anonymously by leaving the name and contact information fields blank. Anonymous reports, however, may limit the University's ability to respond effectively to the submitted information.

After you submit the report, it will be delivered to the Chair of the University of Mary's Conduct Grievance Board for review. If you provide your name and contact information, the Chair of the Conduct Grievance Board, or another qualified person, will check in with you to learn what resources and support you might want or need and make sure that you have been provided important information about options and next steps.

This form alone does not initiate an investigation, although you may choose to do that. This form is a way for you to tell us about your experience and for you to learn about supportive measures and resolution options. If you believe you have experienced misconduct by a current University of Mary student, faculty, or staff member, you may, if you choose, file a formal complaint to initiate an investigation. The Chair of the Conduct Grievance Board can assist you with that process.

## Support and Resources are Available

The University of Mary supports persons affected by misconduct. Support is available in many forms and is available regardless of whether you decide to file a formal complaint.

The University offers access to confidential resources for students and employees who unsure about whether to report prohibited conduct or are seeking counseling or other emotional support in addition to (or without) making a report to the University.

### Confidential Support

Abused Adult Resource Center/  
Rape Crisis Line  
701-222-8370 or 866-341-7009

University Counseling Services &  
24/7 Mental Health Crisis Line  
701-530-7195 or 1-800-327-7195

University Clinic  
701-355-3770

University Chaplain/John Paul II  
Center for University Ministry  
[chaplain@umary.edu](mailto:chaplain@umary.edu)  
701-355-3708  
*Benedictine Center for Servant Leadership*

Employee Assistance Program  
701-530-7195 or 800-327-7195

### Non-Confidential Campus Resources

Bismarck Emergency & Trauma Center  
*900 East Broadway Avenue*  
701-530-7000

Campus Safety and Security  
701-255-8000 (24/7 coverage)

Office for Civil Rights  
312-730-1560

**Director of Human Resources**  
701-355-8245

**Director of Student Life**  
[stlife@umary.edu](mailto:stlife@umary.edu)  
701-355-8126

**On-Call Residence Director**  
701-425-5242

**If this is an emergency, call 911.**

**Report Information**

Your Full Name: \_\_\_\_\_

Your position/title: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your physical address: \_\_\_\_\_

Nature of the Report:

\_\_\_\_\_ Sexual Misconduct against Student    \_\_\_\_\_ Sexual Misconduct against Employee

Date of Incident: \_\_\_\_\_  
(Month/Day/Year)

Time of Incident: \_\_\_\_\_  
(Hour:Minute AM/PM)

Location of Incident: \_\_\_\_\_  
(e.g. on campus, off campus)

Specific location: \_\_\_\_\_  
(e.g. Residence Hall, classroom, venue in town)

Number of parties involved: \_\_\_\_\_

In the section to follow, provide the details for the parties involved. If there are more than two parties involved, please supply the same information requested below for each additional party by attaching it to this form.

Involved Party #1

Name or Organization: \_\_\_\_\_

Role: \_\_\_\_ Complainant \_\_\_\_ Respondent \_\_\_\_ Victim \_\_\_\_ Witness

Gender: \_\_\_\_\_

ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(YYYY-MM-DD)

Phone: \_\_\_\_\_  
(123-456-7890)

Email: \_\_\_\_\_

Hall/Address: \_\_\_\_\_

Involved Party #2

Name or Organization: \_\_\_\_\_

Role: \_\_\_\_ Complainant \_\_\_\_ Respondent \_\_\_\_ Victim \_\_\_\_ Witness

Gender: \_\_\_\_\_

ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(YYYY-MM-DD)

Phone: \_\_\_\_\_  
(123-456-7890)

Email: \_\_\_\_\_

Hall/Address: \_\_\_\_\_

*Reminder: if there are additional parties, please submit by attaching to this form the information above for each additional party.*

### Narrative

You may provide as much or as little information as you choose. Information provided in this report will not be shared except to the extent necessary to respond or provide help (or to inform local law enforcement, under the specific conditions required by law). These disclosures are protected by privacy laws that apply to a student's education record and law enforcement investigative records. If a formal complaint is filed, the information provided in this report will be shared with the accused person.

Please describe what happened (*if you require more space, please write out your narrative on a new form and attach to this form.*)

Have you reported this information to any other offices or agencies?

### Supporting Documentation

Please attach to this form any supporting documentation (e.g. photos, videos, screenshots, texts, emails, etc.) that you wish to share at this time. Please note that you can also share documentation at a later date.

### Submitting the Report

Completed forms may be scanned and submitted electronically to [conductgrievance@umary.edu](mailto:conductgrievance@umary.edu) or to one of the officials listed below. Persons with questions about the process may also contact any of these officials for assistance.

**Director of Student Life**  
**Benedictine Center for Servant Leadership,**  
**Room 1501**  
**7500 University Drive**  
**Bismarck, ND 58504**  
**(701) 355-8126**

**Director of Human Resources**  
**Benedictine Center for Servant Leadership,**  
**Room L210**  
**7500 University Drive**  
**Bismarck, ND 58504**  
**(701) 355-8245**