

**University of Mary  
Conduct Grievance  
Complaint Form**

**INSTRUCTIONS:** Please provide all the information requested. Be as specific as possible when discussing incidents. Include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process. *Please be aware that the information you provide is considered sensitive and will be shared only with those persons who are considered essential to the investigation and disposition of this complaint.*

It is the expectation of the University that those who file a complaint will remain active and cooperative in the investigation process.

**BACKGROUND INFORMATION**

Name of Complaining Party: \_\_\_\_\_

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

Street Address:

Campus: \_\_\_\_\_

Permanent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Affiliation with the University of Mary: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The formal investigation of your complaint cannot begin until this form has been received, dated, and signed by one of the following:

**Title IX Coordinator**  
Room 210  
Benedictine Center for Servant Leadership  
7500 University Drive  
Bismarck, ND 58504  
(701) 355-8245  
titleix@umary.edu

**Director of Human Resources**  
Room 210  
Benedictine Center for Servant Leadership  
7500 University Drive  
Bismarck, ND 58504  
(701) 355-8245

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

**RECEIPT INFORMATION**

Received by (Name and Office): \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**SPECIFIC INFORMATION**

A. Type of complaint (please check all that apply):

- Sexual harassment
- Disability harassment
- Other harassment (specify) \_\_\_\_\_

Discrimination based on:

- Age
- Color
- Religion
- Sex
- National Origin
- Disability
- Marital Status
- Public Assistance
- Other (specify) \_\_\_\_\_

Other Misconduct:

- Sexual Misconduct
- Hazing
- Retaliation

B. Most recent date of attendance or employment at the University of Mary:

\_\_\_\_\_

C. Most recent date of incident: \_\_\_\_\_

D. Person(s) who allegedly violated your rights:

\_\_\_\_\_  
\_\_\_\_\_

E. Witness(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Summary of complaint. (Please be as detailed as possible when giving names, dates and places; include phone numbers and addresses, if possible. Use additional paper, if needed.)

\_\_\_\_\_  
\_\_\_\_\_

