Misconduct Report Form
Relationship Violence or Sexual Incident

Student Affairs
Melrose Hall 110
503-883-2278

Student Health, Wellness and Counseling
Walker Hall 103
503-883-2535
Misconduct Report Form

Relationship Violence or Sexual Incident
This form is used to report relationship violence or sexual misconduct on and around campus. It is not necessary for you to be the survivor to complete this information. In order to understand the campus climate and plan a response to violence and sexual misconduct, we ask that you complete this form and return it to one of the offices below.

The two options with this form are as follows:

- Anonymously report the incident information to the Sexual Assault Response Team (SART) by leaving the names of the survivor and offender blank in the last section; neither you nor the individuals involved will be contacted/provided resources.

— OR —

- Formally report the incident information to the Dean of Students by including the survivor AND offender names in the last section, allowing contact to be made and resources provided to the survivor and to the offender.

**Please note:** You will not be contacted by the college and no formal report can be filed, unless you provide your contact information. Completing this form does NOT constitute a police report.

To file an official report for criminal action, contact the McMinnville Police Department at 503-434-7307 (24 hours) or YCOM at 503-434-6500 (Monday-Friday, 9AM-5PM).

Please place this report in the envelope provided and mail or deliver to one of the following:

<table>
<thead>
<tr>
<th>Sexual Assault Response Team</th>
<th>Student Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linfield College</td>
<td>Melrose Hall 110</td>
</tr>
<tr>
<td>900 SE Baker Street, Unit A611</td>
<td>Linfield College</td>
</tr>
<tr>
<td>McMinnville, OR 97128</td>
<td>900 SE Baker Street, Unit A490</td>
</tr>
<tr>
<td></td>
<td>McMinnville, OR 97128</td>
</tr>
</tbody>
</table>

If you have questions about the form or need help filling it out, contact one of the On Campus Resources listed below.

**Resources**

**24 Hour Crisis Response:**
Linfield CPS—College Public Safety: 503-883-SAFE (7233)
Linfield Area Director on Duty: 503-883-LIFE (5433)
Medical Emergency/Police: 911 (9-911 on campus)

Northwest Human Services: 1-800-560-5535
Crime Victim Assistance Program: 503-434-7510
Henderson House: 503-472-1503

If you choose to seek assistance from someone with total confidentiality:
Linfield Student Health, Wellness and Counseling: 503-883-2535 (9AM-5PM, Mon-Fri, for medical or counseling services)
Linfield Chaplain: 503-883-2259 (8AM-5PM, Mon-Fri)

**On Campus Area Directors** (All Area Directors are trained as Sexual Assault Survivor Advocates):
Sarah Burkhardt-Beckley: 503-883-5297, Mahaffey Hall
Delane Hein: 503-883-5388, Mahaffey Hall

Andy Frei: 503-883-5356, Mahaffey Hall
Esperance Ibuka: 503-883-5390, Mahaffey Hall

**On Campus Advocates:**
Stephen Bricher, Professor: 503-883-2260, Graf 110
Dan Ferguson, Activities Director: 503-883-2435, Riley 214
Kristi Mackay, Career Services: 503-883-2606, Walker 124
Carl Swanson, HHPA: 503-883-2414, HHPA 205C

Brenda DeVore-Marshall, Professor: 503-883-2290, Ford T105
Dawn Graff-Haight, Professor: 503-883-2641, HHPA 214
Marilyn MacGregor, Counselor: 503-883-2610, Walker 103

**Off Campus Resources:**
Henderson House, 503-472-1503 (24 hour): ALL SERVICES ARE CONFIDENTIAL. NO REPORT NEEDED, services include: 24 hour crisis line, information and referrals, crisis counseling, hospital accompaniment, safe shelter, court advocacy and support groups.

Yamhill County Crime Victim Assistance Program, 503-434-7510 (8AM-5PM, Mon-Fri): You may call anonymously and tell your story. We will believe you and offer you emotional support and information regarding the options available to you. We will explain what may happen depending on what you choose to do with the information regarding the sexual misconduct. We offer advocacy throughout the legal process if and when a police report is filed. We do not offer legal advice, we offer empowerment.
### Misconduct Report Form

#### Information about the Person Completing this Form (Optional)
It is not necessary for you to be the survivor to complete this information. If you wish for this to be a formal report, names of the survivor AND offender must be provided in the last section, otherwise this anonymous report is only made to the Sexual Assault Response Team (SART). You will not be contacted by the college and no formal report can be filed, unless you provide your contact information.

I am the:
- [ ] Survivor of the incident
- [ ] Witness/observer
- [ ] Agency or staff person
- [ ] Roommate/friend
- [ ] Family member
- [ ] Partner
- [ ] Other: ___________________

Would you like to be contacted by:
- [ ] Student Affairs
- [ ] Counseling Center
- [ ] Student Health Center
- [ ] CPS—College Public Safety
- [ ] Sexual Assault Survivor Advocate
- [ ] Other: ___________________

If so, please provide:
- Name: ___________________
- Phone: ___________________
- Email: ___________________

#### Incident Information (Required)
If a survivor wishes for the incident to be recorded in college statistics, even anonymously, this section must be completed in full. All mandatory reporters are required to complete this section as well. An incident does not have to involve coercion or force to be considered a student conduct violation. Reporting drug or alcohol use here will not result in any policy violations for the survivor.

**Survivor** (Circle Campus and Class Standing):
- [ ] Portland
- [ ] McMinnville
- [ ] Freshman
- [ ] Sophomore
- [ ] Junior
- [ ] Senior
- [ ] Unknown

**Offender** (Circle Campus and Class Standing):
- [ ] Portland
- [ ] McMinnville
- [ ] Freshman
- [ ] Sophomore
- [ ] Junior
- [ ] Senior
- [ ] Unknown
- [ ] Non-Student

**Date of incident:** ________________  **Time of incident:** ________ AM ________ PM

**Was force or lack of consent involved?**
(Check all that apply):
- [ ] Verbal
- [ ] Physical
- [ ] Alcohol
- [ ] Drugs
- [ ] Abduction
- [ ] Presence of weapon
- [ ] Other: ___________________

**Does the survivor believe they were given a drug without their consent or knowledge?**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Location of incident**
(Check all that apply):
- [ ] McMinnville
- [ ] Portland
- [ ] Residence Hall
- [ ] College suburb housing
- [ ] Off-campus housing
- [ ] Fraternity
- [ ] Unknown
- [ ] Other: ___________________

Please provide a brief description of the incident:
If a survivor wishes for the incident to be recorded in college statistics, this section must be completed in full. Mandatory reporters are required to complete this section. Additional pages may be attached as needed.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Follow Up Information

To your knowledge, has this incident been reported to Student Affairs/Residence Life, College Public Safety or the McMinnville Police?

- Yes
- No
- Unknown

If no, what were the reasons for not reporting?

If yes, please list the agencies that received the report:

What was the response or action taken?

Were you satisfied with this response?

- Yes
- No

What resources has the survivor accessed at this point? (Check all that apply):

- RA or Area Director
- College Public Safety
- Sexual Assault Survivor Advocate
- Student Health Center
- Counseling Center
- Office of Multicultural Affairs
- CATS Member
- Student Affairs
- Crime Victim Assistance Program
- McMinnville Police
- Henderson House
- Willamette Valley Medical Center
- County Health Department
- Chaplain
- Other:

FORMAL REPORT INFORMATION (Optional)

You may formally report this incident information to the Dean of Students by including the survivor AND offender names in this section, allowing contact to be made with and resources provided to the survivor and to the offender. WITHOUT COMPLETING THE NAMES IN THIS SECTION, THE REPORT REMAINS ANONYMOUS AND THE COLLEGE CANNOT TAKE ANY RESPONSE ACTION.

Information about the Survivor

Name: ____________________________ Gender: ____________ Birthdate: ____________

Affiliation to Linfield:

- McMinnville
- Student
- Faculty
- Staff
- Not affiliated
- Unknown
- Other:

Residence:

- Residence hall
- College suburb housing
- Off campus housing
- Fraternity
- Unknown
- Other:

Information about the Offender(s) (i.e. person or people alleged to have committed the incident)

Name(s): ____________________________ Gender: ____________ Number of offenders: ________

Affiliation to Linfield:

- Student
- Faculty
- Staff
- Not affiliated
- Unknown
- Other:

Residence of offender(s):

- Residence hall:
- College suburb housing:
- Fraternity:
- Off campus housing
- Unknown
- Other:

Offender’s relationship to survivor

(check all that apply):

- Boyfriend/girlfriend, spouse
- Ex-boyfriend/ex-girlfriend, ex-spouse
- Colleague or co-worker
- Work supervisor
- Faculty/staff member
- Acquaintance/friend
- Met same day, socially
- Met same day, non-socially
- Stranger