

Informal Resolution Request Form

A Formal Complaint was received by the Title IX Office on _____. By signing this form, I hereby request to participate in the Informal Resolution process for resolving the matter between _____ and myself regarding the allegations contained in my Notice of Investigation and Allegations. **Informal resolution may occur only after the filing of a Formal Complaint and with the written, informed, and voluntary consent of both parties and the Title IX Coordinator.**

I understand and acknowledge that participation in the Informal Resolution process is completely voluntary and that I may withdraw my consent to participate in the process at any time before the signing of a Mutual Resolution Agreement. I further understand that by consenting to participate in the Informal Resolution process I am waiving my right to the Formal Complaint process under C.27 Policy on Title IX Sexual Harassment for Faculty, Staff and Students, which may include a live hearing, unless I withdraw from the Informal Resolution process or if the Informal Resolution process concludes without a Mutual Resolution Agreement.

I understand and acknowledge that verbal or written statements made by parties or witnesses during the Informal Resolution process may not be used by the university or by the parties in a live hearing or other disciplinary process. However, physical evidence or other factual information that is introduced during Informal Resolution may be submitted as evidence in the Formal Complaint process, including any live hearing, if the Informal Resolution is not successful or I withdraw from the Informal Resolution process.

I understand Informal Resolution may encompass a broad range of conflict resolution strategies to arrive at the Mutual Resolution Agreement, including mediation, or restorative justice practices. The Mutual Resolution Agreement may include termination or withdrawal, sanctions detailed in this Policy, no contact orders, location restrictions, education or training, or restorative justice activities.

Name _____

Signature _____

Date _____