**THE 2024 ATIXA ONE POLICY, ONE PROCEDURE (1P1P) MODEL**

***Version 1.0 Published Spring 2024***

***THE MODEL MAY STILL BE REVIEWED AND REVISED FOR COMPLIANCE WITH APPLICABLE LAW AS ADDITIONAL GUIDANCE IS PROVIDED BY FEDERAL AGENCIES OR THROUGH CASE LAW***

AUTHORED BY ATIXA

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1P1P is a unified policy and procedure model for the resolution of all allegations of all forms of protected characteristic discrimination defined herein involving all qualified Respondents. This model policy and the separate procedures below can be implemented by any post-secondary institution.

ATIXA recognizes that schools vary in size, structure, governance, capacity, and resources and has drafted this model to comply with all federal nondiscrimination laws and implementing regulations applicable to post-secondary education and employment. Of particular note, this version has been specifically updated to incorporate the 2024 Title IX Regulations. This version does not contain content specific to state or local laws or regulations that may be applicable. Each end-user should ensure that state and local provisions are included as necessary, or may commission ATIXA to create state-specific versions.

*Throughout this document, terms defined in the Glossary Appendix are treated as terms of art, and are thus capitalized when used throughout this document. Terms or sections in this document that are highlighted need to be customized for your institution. Terms or sections that appear in brackets [ ] contain optional language that you can choose to include or omit.*

**THE FOLLOWING STATEMENT MUST APPEAR IN ANY PUBLISHED VERSION OF THIS MODEL USED BY AN INSTITUTION:**

BASED ON THE ATIXA 2024 ONE POLICY, ONE PROCEDURE (1P1P) MODEL.

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**[FORMAL INSTITUTION NAME] EQUAL OPPORTUNITY, HARASSMENT, AND NONDISCRIMINATION POLICY FOR ALL FACULTY, STUDENTS, EMPLOYEES, AND THIRD PARTIES (Hereinafter, “the Policy”)**

# Purpose

Recipient is committed to providing an educational and employment environment that is free from discrimination based on protected characteristics, harassment, and retaliation for engaging in protected activity.

Recipient values and upholds the equal dignity of all members of its community and strives to balance the rights of the Parties in the resolution process during what is often a difficult time for all involved.

To ensure compliance with federal, state, and local civil rights laws and regulations, and to affirm its commitment to promoting the goals of fairness and equity in all aspects of the education program or activity, Recipient has developed policies and procedures that provide for prompt, fair, and impartial resolution of allegations of protected characteristic discrimination, harassment or allegations of retaliation.

# Notice of Nondiscrimination

Recipient seeks to comply with all federal, state, and local laws, regulations, and ordinances prohibiting discrimination in [public/private] post-secondary education institutions.

Recipient does not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of actual or perceived:

* Age (40 years and over in the employment context)
* Citizenship status
* Color
* Creed
* Disability (physical or mental)
* Domestic violence victim status
* Ethnicity
* Family responsibilities
* Gender expression
* Gender identity
* Genetic information (including family medical history)
* Height
* Marital status
* National origin (including ancestry)
* Personal appearance
* Place of business
* Political belief or affiliation
* Pregnancy or related conditions
* Race
* Religion
* Residence
* Sex
* Sexual orientation
* Source of income
* Veteran or military status (including disabled veteran, recently separated veteran, active-duty, wartime, or campaign badge veteran, and Armed Forces Service Medal veteran)
* Weight
* or any other protected characteristic under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process within the institution, with the Equal Employment Opportunity Commission, and/or other human/civil rights agency.

This Policy covers nondiscrimination in both employment and access to educational opportunities. Therefore, any member of the Recipient community whose acts deny, deprive, unreasonably interfere with or limit the education or employment, [residential] and/or social access, benefits, and/or opportunities of any member of the Recipient community, guest, or visitor on the basis of that person’s actual or perceived protected characteristic(s), is in violation of this Policy.

Recipient will promptly and effectively address any such discrimination of which it has Knowledge/Notice using the resolution process in the Equal Opportunity, Harassment, and Nondiscrimination Procedures.

# Nondiscrimination Team Contacts[[1]](#footnote-2)

The Recipient has appointed the Nondiscrimination Team, comprised of the following individual(s), to coordinate the Recipient’s compliance with federal, state, and local civil rights laws and ordinances:

***For discrimination and harassment allegations [not based on sex or disability]:***

<<Name>>

<<Title>>

<<Office>>

<<Physical Location>>

<<Postal Mail Address>>

<<Phone Number>>

<<Email Address>>

<<Website>>

***For sex discrimination and sex-based harassment allegations:***

***Administrator***

<<Name>>

<<Title>>

<<Office>>

<<Physical Location>>

<<Postal Mail Address>>

<<Phone Number>>

<<Email Address>>

<<Website>>

***For disability-based allegations:***

<<Name>>

<<Title>>

<<Office>>

<<Physical Location>>

<<Postal Mail Address>>

<<Phone Number>>

<<Email Address>>

<<Website>>

<<Include all relevant <<Nondiscrimination Team>> members, and, if applicable, the general delineated responsibilities of each>>

Collectively, these individuals are responsible for providing comprehensive nondiscrimination education and training; coordinating the Recipient’s timely, thorough, and fair response, investigation, and resolution of all alleged prohibited conduct under this Policy; and monitoring the effectiveness of this Policy and related procedures to ensure an education and employment environment free from discrimination, harassment, and retaliation.

Recipient recognizes that allegations under this Policy may include multiple forms of discrimination and harassment as well as violations of other Recipient policies; may involve various combinations of students, employees, and other members of the Recipient community; and may require the simultaneous attention of multiple Recipient departments. Accordingly, all Recipient departments will share information, combine efforts, and otherwise collaborate, to the maximum extent permitted by law and consistent with other applicable Recipient policies, to provide uniform, consistent, efficient, and effective responses to alleged discrimination, harassment, or retaliation.

# External Contact Information

Concerns about the Recipient’s application of this Policy and compliance with certain federal civil rights laws may also be addressed to:

Office for Civil Rights (OCR)

U.S. Department of Education

400 Maryland Avenue, SW

Washington, D.C. 20202-1100

Customer Service Hotline #: (800) 421-3481

Facsimile: (202) 453-6012

TDD#: (877) 521-2172

Email: OCR@ed.gov

Web: <http://www.ed.gov/ocr>

May note [local OCR office contact](https://www2.ed.gov/about/offices/list/ocr/addresses.html) information here.

<<If Recipient operates a medical school, include HHS OCR contact information here (required).>>

<<Add contact information for any other applicable federal or state agency (e.g., DOJ).[[2]](#footnote-3) Federal grantees should indicate NASA, NOAA, NIH, etc., as applicable agencies per the terms of the grant.>>

For Complaints involving employee-on-employee conduct: [Equal Employment Opportunity Commission](http://www.eeoc.gov/contact) (EEOC)[[3]](#footnote-4)

# Mandated Reporting and Confidential Employees

All Recipient faculty and employees (including student-employees), other than those deemed Confidential Employees, are Mandated Reporters and are expected to promptly report all known details of actual or suspected discrimination, harassment, and/or retaliation to appropriate officials immediately, although there are some limited exceptions. Supportive measures may be offered as the result of such disclosures without formal Recipient action.

Complainants may want to carefully consider whether they share personally identifiable details with Mandated Reporters, as those details must be shared with the Administrator.

If a Complainant expects formal action in response to their allegations, reporting to any Mandated Reporter can connect them with resources to report alleged crimes and/or Policy violations, and these employees will immediately pass Notice to the Administrator (and/or police, if desired by the Complainant or required by law), who will act when an incident is reported to them.

The following sections describe the Recipient’s reporting options for a Complainant or third party (including parents/guardians when appropriate):

## Confidential Employees

To enable Complainants to access support and resources without filing a Complaint, the Recipient has designated specific employees as Confidential Resources. Those designated by Recipient as Confidential Resources are not required to report actual or suspected discrimination, harassment, or retaliation in a way that identifies the Parties. They will, however, provide the Complainant with the Title IX Coordinator’s contact information and offer options and resources without any obligation to inform an outside agency or Recipient official unless a Complainant has requested the information be shared.

There are three categories of Confidential Employees: 1) Those with confidentiality bestowed by law or professional ethics, such as lawyers, medical professionals, clergy, and counselors; 2) Those whom Recipient has specifically designated as confidential for purposes of providing support and resources to the Complainant; and 3) Those conducting human subjects research as part of a study approved by the Recipient’s Institutional Review Board (IRB). For those in category 1), above, to be able to respect confidentiality, they must be in a confidential relationship with the person reporting, such that they are within the scope of their licensure, professional ethics, or confidential role at the time of receiving the Notice. These individuals will maintain confidentiality except in extreme cases of immediacy of threat or danger or abuse of a minor, elder, or individual with a disability, or when required to disclose by law or court order.

If a Complainant would like the details of an incident to be kept confidential, the Complainant may speak with the following Confidential Employees:

Confidential Employees

* [On-campus licensed professional counselors and staff]
* On-campus health service providers and staff
* On-campus members of the clergy/chaplains working within the scope of their licensure or ordination

Designated Confidential Employees

* On-campus Victim Advocates
* Athletic trainers
* Recipient Ombuds
* Director of [Women’s Center, LGBTQIA Center, International Student Services, Veteran’s Services, etc.]

[Institutional counselors [and/or the Employee Assistance Program] are available to help free of charge and may be consulted on an emergency basis during normal business hours.]

[Employees who have confidentiality as described above, and who receive Notice within the scope of their confidential roles will timely submit anonymous statistical information for Clery Act purposes unless they believe it would be harmful to their client, patient, or parishioner.]

Failure of a Mandated Reporter, as described above in this section, to report an incident of discrimination, harassment, or retaliation of which they become aware is a violation of Recipient Policy and can be subject to disciplinary action for failure to comply/failure to report. This also includes situations when a harasser is a Mandated Reporter. Such individuals are obligated to report their own misconduct, and failure to do so is a chargeable offense under this Policy.

A Mandated Reporter who is themselves a target of harassment or other misconduct under this Policy is not required to report their own experience, though they are, of course, encouraged to do so.

In addition, Complainants may speak with individuals unaffiliated with Recipient without concern that Policy will require them to disclose information to the institution without permission:

* Licensed professional counselors and other medical providers
* Local rape crisis counselors
* Domestic violence resources
* Local or state assistance agencies
* Clergy/Chaplains
* Attorneys

# Disability-based Grievances and Complaints

Grievances related to disability status and/or provision of accommodations are addressed using the procedures in <<policy>>. However, allegations of discrimination on the basis of an actual or perceived disability, including instances in which the provision of reasonable accommodations has a discriminatory effect, will be resolved under the << procedures>>.

For details relating to disability accommodations in the Recipient’s Resolution Process, <<link>>.

# Scope

This Policy is only applicable to alleged incidents that occur after August 1, 2024. For alleged incidents of sexual harassment occurring prior to August 1, 2024, the policy and procedures in place at the time of the alleged incident apply. Applicable versions of those policies and procedures are available from the Administrator and at this <<link>>.

This Policy applies to all faculty, employees, students, and other individuals participating in or attempting to participate in the Recipient’s program or activities, including education and employment.

This Policy prohibits all forms of discrimination on the basis of the protected characteristic(s) listed in the Notice of Nondiscrimination. The Equal Opportunity, Harassment, and Nondiscrimination Procedures may be applied to incidents, to patterns, and/or to the institutional culture/climate, all of which may be addressed in accordance with this Policy.

# Jurisdiction

This Policy applies to the Recipient’s education programs and activities (defined as including locations, events, or circumstances in which the Recipient exercises substantial control over both the Respondent and the context in which the conduct occurred), circumstances where the Recipient has disciplinary authority, and to misconduct occurring within any building owned or controlled by a Recipient-recognized student organization. [A Complainant does not have to be a member of the Recipient community to file a Complaint, at the discretion of Administrator.]

This Policy may also apply to the effects of off-campus misconduct that limit or deny a person’s access to Recipient’s education program or activities. [The Recipient may also extend jurisdiction to off-campus and/or to online conduct when the conduct affects a substantial Recipient interest.

A substantial Recipient interest includes:

1. Any action that constitutes a criminal offense as defined by law. This includes, but is not limited to, single or repeat violations of any local, state, or federal law.
2. Any situation in which it is determined that the Respondent poses an immediate threat to the physical health or safety of any student, employee, or other individual.
3. Any situation that significantly impinges upon the rights, property, or achievements of others, significantly breaches the peace, and/or causes social disorder.
4. Any situation that substantially interferes with the Recipient’s educational interests or mission].

For disciplinary action to be issued under this Policy, the Respondent must be a Recipient faculty member, student, or employee at the time of the alleged incident. If the Respondent is unknown or is not a member of the Recipient community, the Administrator will offer to assist the Complainant in identifying appropriate institutional and local resources and support options, and will implement appropriate supportive measures and/or remedial actions (e.g., trespassing a person from campus). The Recipient can also assist in contacting local or institutional law enforcement if the individual would like to file a police report about criminal conduct.

All vendors serving the Recipient through third-party contracts are subject to the policies and procedures of their employers [and/or to these Policies and procedures to which their employer has agreed to be bound by their contracts].

When the Respondent is enrolled in or employed by another institution, the Administrator can assist the Complainant in contacting the appropriate individual at that institution, as it may be possible to pursue action under that institution’s policies.

Similarly, the Administrator may be able to assist and support a student or employee Complainant who experiences discrimination in an externship, study abroad program, or other environment external to the Recipient where sexual harassment or nondiscrimination policies and procedures of the facilitating or host organization may give the Complainant recourse. If there are effects of that external conduct that impact a student or employee’s work or educational environment, those effects can often be addressed remedially by the Administrator if brought to their attention.

# Supportive Measures

Recipient will offer and implement appropriate and reasonable supportive measures to the Parties upon Notice of alleged discrimination, harassment, and/or retaliation. Supportive measures are non-disciplinary, non-punitive individualized services offered as appropriate and reasonably available. They are offered, without fee or charge to the Parties, to restore or preserve access to the Recipient’s education program or activity, including measures designed to protect the safety of all Parties and/or the Recipient’s educational environment and/or to deter discrimination, harassment, and/or retaliation.

The Administrator promptly makes supportive measures available to the Parties upon receiving Notice/Knowledge or a Complaint. At the time that supportive measures are offered, if a Complaint has not been filed, the Recipient will inform the Complainant, in writing, that they may file a Complaint with the Recipient either at that time or in the future. The Administrator will work with a party to ensure that their wishes are considered with respect to any planned and implemented supportive measures.

The Recipient will maintain the confidentiality of the supportive measures, provided that confidentiality does not impair the Recipient’s ability to provide those supportive measures. Recipient will act to ensure as minimal an academic/occupational impact on the Parties as possible. The Recipient will implement measures in a way that does not unreasonably burden any party.

These actions may include, but are not limited to:

* [Referral to counseling, medical, and/or other healthcare services
* Referral to the Employee Assistance Program
* Referral to community-based service providers
* Visa and immigration assistance
* Student financial aid counseling
* Education to the institutional community or community subgroup(s)
* Altering campus housing assignment(s)
* Altering work arrangements for employees or student-employees
* Safety planning
* Providing campus safety escorts
* Providing transportation assistance
* Implementing contact limitations (no contact orders) between the Parties
* Academic support, extensions of deadlines, or other course/program-related adjustments
* Trespass, Persona Non Grata (PNG), or Be-On-the-Lookout (BOLO) orders
* Timely warnings
* Class schedule modifications, withdrawals, or leaves of absence
* Increased security and monitoring of certain areas of the campus
* Any other actions deemed appropriate by the Title IX Coordinator]

Violations of no contact orders or other restrictions may be referred to appropriate student or employee conduct processes for enforcement or added as collateral misconduct allegations to an ongoing Complaint under this Policy.

The Parties are provided with a timely opportunity to seek modification or reversal of the Recipient’s decision to provide, deny, modify, or terminate supportive measures applicable to them. A request to do so should be made in writing to the Administrator. An impartial employee other than the employee who implemented the supportive measures, who has authority to modify or reverse the decision, will determine whether to provide, deny, modify, or terminate the supportive measures if they are inconsistent with the definition of supportive measures in § 106.2 of the federal Title IX Regulations. The Recipient will also provide the Parties with the opportunity to seek additional modification or termination of supportive measures applicable to them if circumstances change materially. The Recipient typically renders decisions on supportive measures within seven (7) business days of receiving a request and provides a written determination to the impacted party(ies) and the Administrator.

# Online Harassment and Misconduct

Recipient policies are written and interpreted broadly to include online manifestations of any of the behaviors prohibited below, when those behaviors occur in or have an effect on the Recipient’s education program and activities, or when they involve the use of Recipient networks, technology, or equipment.

Although Recipient may not control websites, social media, and other venues through which harassing communications are made, when such communications are reported to Recipient, it will engage in a variety of means to address and mitigate the effects. [These means may include use of the Resolution Process to address off-campus conduct whose effects contribute to limiting or denying a person access to Recipient’s education program or activity].

[Public Institutions: Nothing in this Policy is intended to infringe upon or limit a person’s rights to free speech. Any online posting or other electronic communication by students, including technology-facilitated bullying, stalking, harassment, etc., occurring completely outside of the Recipient’s control (e.g., not on Recipient networks, websites, or between Recipient email accounts) will only be subject to this Policy when such online conduct can be shown to cause (or will likely cause) a substantial in-program disruption or infringement on/harm to the rights of others. Otherwise, such communications are considered speech protected by the First Amendment. Supportive measures for Complainants will be provided.

Off-campus harassing speech by employees, whether online or in person, may be regulated by the Recipient only when such speech is made in an employee’s official or work-related capacity.]

# Inclusion Related to Gender Identity/Expression[[4]](#footnote-5)

Recipient strives to ensure that all individuals are safe, included, and respected in their working and learning environments, regardless of their gender identity or expression, including intersex, nonbinary, transgender, agender, two-spirit, and gender-diverse students and employees.

Discrimination and harassment on the basis of gender identity or expression are not tolerated by Recipient. If a member of the Recipient community believes they have been subjected to discrimination under this Policy, they should follow the appropriate reporting process described herein.

In upholding the principles of equity and inclusion, Recipient supports the full integration and healthy development of those who are transgender, transitioning, nonbinary, or gender-diverse, and seeks to eliminate any stigma related to gender identity and expression.

Recipient is committed to fostering a climate where all identities are valued, contributing to a more vibrant and diverse community. The purpose of this Policy is to have the Recipient administratively address issues that some students and employees, including those identifying as intersex, transgender, agender, nonbinary, and gender-diverse, may confront as they navigate systems originally designed around the assumption that gender is binary. As our society’s understanding of gender evolves, so do the Recipient’s processes and policies.

Concepts like misgendering and deadnaming may not be familiar to all but understanding them is essential to Recipient’s goal of being as welcoming and inclusive a community as possible.

Misgendering or mispronouning is the intentional or unintentional use of pronouns or identifiers that are different from those used by an individual. Unintentional misgendering is usually resolved with a simple apology if someone clarifies their pronouns for you. Intentional misgendering is inconsistent with the type of community we hold ourselves out to be and may constitute a Policy violation if the effect is greater than *de minimis* harm. We each have a right to determine our own gender identity and expression, but we don’t get to choose or negate someone else’s.

Deadnaming, along with misgendering, can be very traumatic to a person who is transgender, transitioning, nonbinary, or gender-diverse. Deadnaming means using someone’s birth-assigned (cisgender) name, rather than the name they have chosen.

To a person who is transgender, transitioning, nonbinary, or gender-diverse, their cisgender identity may be something that is in their past -- dead, buried, and behind them. To then revive their deadname could trigger issues, traumas, and experiences of the past that the individual has moved past, or is moving past, and can interfere with their health and well-being.

Again, unintentional deadnaming can be addressed by a simple apology and an effort to use the person’s chosen name. Intentional deadnaming could be a form of bullying, outing, or otherwise harassing an individual, and thus should be avoided.

This Policy should be interpreted consistent with the goals of maximizing the inclusion of intersex, transgender, transitioning, agender, nonbinary, and gender-diverse students and employees, including:

* Maintaining the privacy of all individuals consistent with law
* Ensuring all students have equal access to educational programming, activities, and facilities, including restrooms and locker rooms
* Ensuring all employees have equal access to employment opportunities and work, service, or health-related facilities
* Providing professional development for employees and education for students on topics related to gender inclusion
* Encouraging all students and employees to respect the pronoun usage and identities of all members of the Recipient community

Recipient uses a number of interventions to address concerns that are raised related to gender-based harassment or discrimination, including problem-solving, intervention, confrontation, investigation, and Policy enforcement. When conflicts arise between the right of members of the community to be free from gender-identity discrimination and those exercising their right to religious freedom, the Recipient will try to balance rights and interests to find mutually agreeable outcomes or compromises. When that is not possible, Recipient will offer remedial solutions or enforce its Policies while also respecting the rights of all members of its community.

# Prohibited Conduct

Students, staff, administrators, and faculty are entitled to an employment and educational environment that is free of discrimination, harassment, and retaliation. This Policy is not meant to inhibit or prohibit educational content or discussions inside or outside of the classroom that include germane but controversial or sensitive subject matters protected by academic freedom.

The sections below describe the specific forms of legally prohibited discrimination, harassment, and retaliation that are also prohibited under Recipient Policy. When speech or conduct is protected by academic freedom and/or the First Amendment, it will not be considered a violation of Recipient Policy, though supportive measures will be offered to those impacted.

All offense definitions below encompass actual and/or attempted offenses.

Any of the following offenses can be charged as or combined as pattern offenses, in which case the Notice of Investigation and Allegation (NOIA) will clearly indicate that both individual incidents and a pattern of conduct are being investigated. A pattern may exist and be charged when there is a potential substantial similarity to incidents where the proof of one could make it more likely that the other(s) occurred, and vice-versa. Patterns may exist based on target selection, similarity of offense, or other factors. Where a pattern is found, it can be the basis to enhance sanctions, accordingly.

Violation of any other Recipient policies may constitute discrimination or harassment when motivated by actual or perceived protected characteristic(s), and the result is a limitation or denial of employment or educational access, benefits, or opportunities.

## Discrimination

Discrimination is different treatment with respect to an individual’s employment or participation in an education program or activity based, in whole or in part, upon the individual’s actual or perceived protected characteristic. Discrimination also includes allegations of a failure to provide reasonable accommodations as required by law or policy, such as for disability, religion, or creed.

Discrimination can take two primary forms:

1. **Disparate Treatment Discrimination:**
	* Any intentional differential treatment of a person or persons that is based on an individual’s actual or perceived protected characteristic and that:
		+ Excludes an individual from participation in;
		+ Denies the individual benefits of; or
		+ Otherwise adversely affects a term or condition of an individual’s participation in a Recipient program or activity.
2. **Disparate Impact Discrimination:**
	* Disparate impact occurs when policies or practices that appear to be neutral unintentionally result in a disproportionate impact on a protected group or person that:
		+ Excludes an individual from participation in;
		+ Denies the individual benefits of; or
		+ Otherwise adversely affects a term or condition of an individual’s participation in a Recipient program or activity.

## Discriminatory Harassment

* unwelcome conduct on the basis of actual or perceived protected characteristic(s), that
* based on the totality of the circumstances,
* is subjectively and objectively offensive, and
* is so severe or pervasive,
* that it limits or denies a person’s ability to participate in or benefit from the Recipient’s education program or activity

## Sex-based Harassment (Applicable under Title IX, Title VII, and the Fair Housing Act)

**Sex-based Harassment** is a form of sex discrimination and means sexual harassment and other harassment on the basis of sex,[[5]](#footnote-6) including sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and gender identity; sexual assault, dating violence, domestic violence, and stalking.

1. **Quid pro quo:**
* an employee agent, or other person authorized by the Recipient,
* to provide an aid, benefit, or service under the Recipient’s education program or activity,
* explicitly or impliedly conditioning the provision of such aid, benefit, or service,
* on a person’s participation in unwelcome sexual conduct.
1. **Hostile Environment Harassment:**
* unwelcome sex-based conduct, that
* based on the totality of the circumstances,
* is subjectively and objectively offensive, and
* is so severe or pervasive,
* that it limits or denies a person’s ability to participate in or benefit from the Recipient’s education program or activity

The Recipient reserves the right to address offensive conduct and/or harassment that (1) does not rise to the level of creating a hostile environment, or (2) that is of a generic nature and not based on a protected characteristic. Addressing such conduct will not result in the imposition of discipline under Recipient Policy, but may be addressed through respectful conversation, remedial actions, education, effective Alternative Resolution, and/or other Informal Resolution mechanisms.

For assistance with Alternative Resolution and other Informal Resolution techniques and approaches, contact the Administrator.

1. **Sexual Assault:**[[6]](#footnote-7)

Any sexual act, including Rape, Sodomy, Sexual Assault with an Object, or Fondling directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent; also unlawful sexual intercourse.[[7]](#footnote-8)

1. **Rape:**
	* Penetration,
	* without the consent of the Complainant,
	* including instances where the Complainant is incapable of giving consent
	* because of their age or
	* because of their temporary or permanent mental or physical incapacity
2. **Sodomy**
* Oral or anal penetration
* Of the Complainant by the Respondent
* without the consent of the Complainant,
* including instances where the Complainant is incapable of giving consent
* because of their age or
* because of their temporary or permanent mental or physical incapacity
1. **Sexual Assault with an Object**
* Respondent’s use of an object or instrument
* to unlawfully penetrate, however slightly, the genital or anal opening
* of the body of the Complainant,
* without the consent of the Complainant,
* including instances where the Complainant is incapable of giving consent
* because of their age or
* because of their temporary or permanent mental or physical incapacity
1. **Fondling:**
	* + The touching of the private body parts (breasts, buttocks, groin) of the Complainant by the Respondent
		+ or causing the Complainant to touch the Respondent’s private body parts
		+ intentionally for a sexual purpose
		+ without the consent of the Complainant, including instances where the Complainant is incapable of giving consent
			- because of their age or
			- because of their temporary or permanent mental incapacity or physical incapacity.
2. **Incest**:
* Nonforcible sexual intercourse between persons who are related to each other
* within the degrees wherein marriage is prohibited by <<state>> law.
1. **Statutory Rape**:
* Nonforcible sexual intercourse with a person
* who is under the statutory age of consent of the <<state>>.
1. **Dating Violence:**
* Violence[[8]](#footnote-9) committed by a Respondent,
* who is in or has been in a social relationship of a romantic or intimate nature with the Complainant; **and**
* where the existence of such a relationship shall be determined based on a consideration of the following factors:
	+ - length of the relationship
		- type of relationship
			* + frequency of the interaction between the Parties involved in the relationship.
1. **Domestic Violence:**
* Felony or misdemeanor crimes committed by a person who:
	+ is a current or former spouse or intimate partner of the Complainant under the family or domestic violence laws of <<state>> or a person similarly situated to a spouse of the Complainant;
	+ is cohabitating with, or has cohabitated with, the Complainant as a spouse or intimate partner;
	+ shares a child in common with the Complainant; **or**
	+ commits acts against a youth or adult Complainant who is protected from those acts under the family or domestic violence laws of <<state>>.
1. **Stalking:**
* engaging in a course of conduct[[9]](#footnote-10) on the basis of sex, that is,
* directed at a specific person that would cause a reasonable person[[10]](#footnote-11) to:
	+ - fear for the person’s safety, or
		- the safety of others; or
		- suffer substantial emotional distress.[[11]](#footnote-12)

**Sanction Ranges**

* The range of sanctions for sex discrimination is warning through expulsion or termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Quid Pro Quo harassment is warning through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Hostile Environment harassment is warning through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Rape is suspension through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Sexual Assault with an Object is suspension through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Sodomy is suspension through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Fondling is warning through suspension (termination for employees). Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Incest is warning through probation. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Statutory Rape is warning through suspension (termination for employees). Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Stalking is probation through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Dating/Domestic Violence is probation through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Sexual Exploitation is warning through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.
* The range of sanctions for Retaliation is warning through expulsion/termination. Sanctions can be assigned outside this range based on aggravating or mitigating circumstances, or the cumulative conduct record of the Respondent.

**Sexual Misconduct[[12]](#footnote-13)**

1. **Sexual Exploitation:**[[13]](#footnote-14)
* an individual taking non-consensual or abusive sexual advantage of another, that does not constitute Sex-based Harassment as defined above.
* for their own benefit or for the benefit of anyone other than the person being exploited.

Examples of Sexual Exploitation include, but are not limited to:

* Sexual voyeurism (such as observing or allowing others to observe a person undressing or using the bathroom or engaging in sexual acts, without the consent of the person being observed)
* Invasion of sexual privacy (e.g., doxxing)
* Knowingly making an unwelcome disclosure of (or threatening to disclose) an individual's sexual orientation, gender identity, or gender expression
* Taking pictures, video, or audio recording of another in a sexual act, or in any other sexually related activity when there is a reasonable expectation of privacy during the activity, without the consent of all involved in the activity; or exceeding the boundaries of consent (such as allowing another person to hide in a closet and observe sexual activity, or disseminating sexual pictures without the photographed person’s consent), including the making or posting of non-consensual pornography
* Prostituting another person
* Engaging in sexual activity with another person while knowingly infected with human immunodeficiency virus (HIV) or a sexually transmitted disease (STD) or infection (STI), without informing the other person of the virus, disease, or infection
* Causing or attempting to cause the incapacitation of another person (through alcohol, drugs, or any other means) for the purpose of compromising that person’s ability to give consent to sexual activity, or for the purpose of making that person vulnerable to non-consensual sexual activity
* Misappropriation of another person’s identity on apps, websites, or other venues designed for dating or sexual connections (e.g., spoofing)
* Forcing a person to take an action against that person’s will by threatening to show, post, or share information, video, audio, or an image that depicts the person’s nudity or sexual activity
* Knowingly soliciting a minor for sexual activity
* Engaging in sex trafficking
* Knowingly creating, possessing, or disseminating child sexual abuse images or recordings
* Creating or disseminating synthetic media, including images, videos, or audio representations of individuals doing or saying sexually-related things that never happened, or placing identifiable real people in fictitious pornographic or nude situations without their consent (i.e., Deepfakes)
* Creating or disseminating images or videos of child sexual abuse material

## Other Prohibited Conduct

1. **Bullying:[[14]](#footnote-15)**
* repeated and/or severe aggressive behavior
* that is likely to intimidate or intentionally hurt, control, or physically or mentally diminish the Complainant,
* that is not speech or conduct that is otherwise protected by the First Amendment.
1. **Endangerment:**
* threatening or causing physical harm;
* extreme verbal, emotional, or psychological abuse; or
* other conduct which threatens or endangers the health or safety of any person or damages their property.
1. **Hazing:**
* any act or action
* which does or is likely to endanger the mental or physical health or safety of any individual
* as it relates to an individual’s initiation, admission into, or affiliation with any Recipient group or organization.

For the purposes of this definition:

* It is not necessary that a person’s initiation or continued membership is contingent upon participation in the activity, or that the activity was sanctioned or approved by the Student Group or Student Organization, for an allegation of hazing to be upheld.
* It shall not constitute an excuse or defense to a hazing allegation that the participants took part voluntarily, gave consent to the conduct, voluntarily assumed the risks or hardship of the activity, or that no injury was suffered or sustained.
* The actions of alumni, active, new, and/or prospective members of a Student Group or Student Organization may be considered hazing.
* Hazing is not confined to the Student Group or Student Organization with which the individual subjected to the hazing is associated.
1. **Retaliation:**
	* Adverse action, including intimidation, threats, coercion, or discrimination,
	* against any person,
	* by the Recipient, a student, employee, or a person authorized by the Recipient to provide aid, benefit, or service under the Recipient’s education program or activity,
	* for the purpose of interfering with any right or privilege secured by law or Policy, or
	* because the person has engaged in protected activity, including reporting information, making a Complaint, testifying, assisting, or participating or refusing to participate in any manner in an investigation or Resolution Process under the Equal Opportunity, Harassment, and NonDiscrimination Procedures, including an Informal Resolution process, or in any other appropriate steps taken by the Recipient to promptly and effectively end any sex discrimination in its education program or activity, prevent its recurrence, and remedy its effects.

The exercise of rights protected under the First Amendment does not constitute retaliation. It is also not retaliation for the Recipient to pursue Policy violations against those who make materially false statements in bad faith in the course of a resolution under the Equal Opportunity, Harassment, and NonDiscrimination Policy. However, the determination of responsibility, by itself, is not sufficient to conclude that any party has made a materially false statement in bad faith.

1. **Unauthorized Disclosure:**[[15]](#footnote-16)
	* Distributing or otherwise publicizing materials created or produced during an investigation or Resolution Process except as required by law or as expressly permitted by the Recipient; or
	* publicly disclosing a party’s personally identifiable information without authorization or consent.
2. **Failure to Comply/Process Interference**
* Intentional failure to comply with the reasonable directives of Administrator in the performance of their official duties, including with the terms of a no contact order
* Intentional failure to comply with emergency removal or interim suspension terms
* Intentional failure to comply with sanctions
* Intentional failure to adhere to the terms of an agreement achieved through informal resolution
* Intentional failure to comply with mandated reporting duties as defined in this Policy
* Intentional interference with the Title IX resolution process, including but not limited to:
	+ Destruction of or concealing of evidence
	+ Actual or attempted solicitation of knowingly false testimony or providing false testimony or evidence
	+ Intimidating or bribing a witness or party

Sanctions for the above-listed Civil Rights Offenses range from warning through expulsion/termination.

## Consent, Force, and Incapacitation

As used in this Policy, the following definitions and understandings apply:

1. **Consent**

Consent is defined as:

* knowing, and
* voluntary, and
* clear permission
* by word or action
* to engage in sexual activity.[[16]](#footnote-17)

Individuals may perceive and experience the same interaction in different ways. Therefore, it is the responsibility of each party to determine that the other has consented before engaging in the activity.

If consent is not clearly provided prior to engaging in the activity, consent may be ratified by word or action at some point during the interaction or thereafter, but clear communication from the outset is strongly encouraged.

For consent to be valid, there must be a clear expression in words or actions that the other individual consented to that specific sexual conduct. Consent is evaluated from the perspective of what a reasonable person would conclude are mutually understandable words or actions. Reasonable reciprocation can establish consent. For example, if someone kisses you, you can kiss them back (if you want to) without the need to explicitly obtain *their* consent to be kissed back.

Consent can also be withdrawn once given, as long as the withdrawal is reasonably and clearly communicated. If consent is withdrawn, sexual activity should cease within a reasonably immediate time.

Silence or the absence of resistance alone should not be interpreted as consent. Consent is not demonstrated by the absence of resistance. While resistance is not required or necessary, it is a clear demonstration of non-consent.

Consent to some sexual contact (such as kissing or fondling) cannot be assumed to be consent for other sexual activity (such as intercourse). A current or previous intimate relationship is not sufficient to constitute consent. If an individual expresses conditions on their willingness to consent (e.g., use of a condom) or limitations on the scope of their consent, those conditions and limitations must be respected. If a sexual partner shares the clear expectation for the use of a condom, or to avoid internal ejaculation, and those expectations are not honored, the failure to use a condom, removing a condom, or internal ejaculation can be considered acts of sexual assault.

Proof of consent or non-consent is not a burden placed on either party involved in a Complaint. Instead, the burden remains on the Recipient to determine whether its Policy has been violated. The existence of consent is based on the totality of the circumstances evaluated from the perspective of a reasonable person in the same or similar circumstances, including the context in which the alleged misconduct occurred and any similar and previous patterns that may be evidenced.

Going beyond the boundaries of consent is prohibited. Thus, unless a sexual partner has consented to slapping, hitting, hair pulling, strangulation, or other physical roughness during otherwise consensual sex, those acts may constitute dating violence or sexual assault.[[17]](#footnote-18)

1. **Force**

Force is the use of physical violence and/or physical imposition to gain sexual access. Sexual activity that is forced is, by definition, non-consensual, but non-consensual sexual activity is not necessarily forced. Force is conduct that, if sufficiently severe, can negate consent.

Force also includes threats, intimidation (implied threats), and coercion that is intended to overcome resistance or produce consent (e.g., “Have sex with me or I’ll hit you,” which elicits the response, “Okay, don’t hit me. I’ll do what you want.”).

Coercion is unreasonable pressure for sexual activity. Coercive conduct, if sufficiently severe, can render a person’s consent ineffective, because it is not voluntary. When someone makes clear that they do not want to engage in sexual activity, that they want to stop, or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive. Coercion is evaluated based on the frequency, intensity, isolation, and duration of the pressure involved.

1. **Incapacitation**

Incapacitation is a state where a person is incapable of giving consent. An incapacitated person cannot make rational, reasonable decisions because they lack the capacity to give knowing/informed consent (e.g., to understand the “who, what, when, where, why, and how” of their sexual interaction). A person cannot consent if they are unable to understand what is happening or are disoriented, helpless, asleep, or unconscious for any reason, including because of alcohol or other drug consumption.

This Policy also covers a person whose incapacity results from a temporary or permanent physical or mental health condition, involuntary physical restraint, and/or the consumption of incapacitating substances.

Incapacitation is determined through consideration of all relevant indicators of a person’s state and is not synonymous with intoxication, impairment, blackout, and/or being drunk.

If the Respondent neither knew nor should have known the Complainant to be physically or mentally incapacitated, the Respondent is not in violation of this Policy. “Should have known” is an objective, reasonable person standard that assumes that a reasonable person is both sober and exercising sound judgment.

## Unethical Relationships [(See Appendix F)](#_APPENDIX_F:_UNETHICAL)

# Standard of Proof

The Recipient uses the [preponderance of the evidence or clear and convincing evidence] standard of proof when determining whether a Policy violation occurred. This means that the Recipient will decide whether it is [more likely than not/highly likely], based upon the available information at the time of the decision, that the Respondent is in violation of the alleged Policy violation(s).

# Reports/Complaints of Discrimination, Harassment, and/or Retaliation

A Report provides notice to the Recipient of an allegation or concern about discrimination, harassment, or retaliation and provides an opportunity for the Administrator to provide information, resources, and supportive measures. A Complaint provides notice to the Recipient that the Complainant would like to initiate an investigation or other appropriate resolution procedures. A Complainant or individual may initially make a report and may decide at a later time to make a Complaint. Reports or Complaints of discrimination, harassment, and/or retaliation may be made using any of the following options:

1. File a Complaint with, or give verbal Notice directly to, the Administrator or to any member of the Nondiscrimination Team. Such a Complaint may be made at any time (including during non-business hours) by using the telephone number, email address, or by mail to the office of the Administrator or any other Nondiscrimination Team member listed in this Policy.
2. [Submit online Notice at <<link>>. Anonymous Notice is accepted, but the Notice may give rise to a need to try to determine the Parties’ identities. Anonymous Notice typically limits the Recipient’s ability to investigate, respond, and provide remedies, depending on what information is shared. Measures intended to protect the community or redress or mitigate harm may be enacted. It also may not be possible to provide supportive measures to Complainants who are the subject of anonymous Notice].

Reporting carries no obligation to initiate a Complaint, and in most situations, Recipient is able to respect a Complainant’s request to not initiate a resolution process. However, there may be circumstances, such as pattern behavior, allegations of severe misconduct, or a compelling threat to health and/or safety, where the Recipient may need to initiate a resolution process. If a Complainant does not wish to file a Complaint, the Recipient will maintain the privacy of information to the extent possible. The Complainant should not fear a loss of confidentiality by giving Notice that allows the Recipient to discuss and/or provide supportive measures, in most circumstances.

1. Report using the discrimination/harassment hotline <<phone number>>.
2. [Add any other campus reporting options here (supervisors, etc.).]

# Time Limits on Reporting

There is no time limitation on providing Notice/Complaints to the Administrator. However, if the Respondent is no longer subject to the Recipient’s jurisdiction and/or significant time has passed, the ability to investigate, respond, and/or provide remedies may be more limited or impossible.

Acting on Notice/Complaints significantly impacted by the passage of time (including, but not limited to, the rescission or revision of Policy) is at the Administrator’s discretion; they may document allegations for future reference, offer supportive measures and/or remedies, and/or engage in informal or formal action, as appropriate.

# False Allegations and Evidence

Deliberately false and/or malicious accusations under this Policy are a serious offense and will be subject to appropriate disciplinary action. This does not include allegations that are made in good faith but are ultimately shown to be erroneous or do not result in a determination of a Policy violation.

Additionally, witnesses and Parties who knowingly provide false evidence, tamper with or destroy evidence, or deliberately mislead an official conducting an investigation or resolution process can be subject to discipline under appropriate Recipient policies.

# Confidentiality/Privacy

Recipient makes every effort to preserve the Parties’ privacy. The Recipient will not share the identity of any individual who has made a Complaint of harassment, discrimination, or retaliation; any Complainant; any individual who has been reported to be the perpetrator of discrimination, harassment, or retaliation; any Respondent; or any witness, except as permitted by, or to fulfill the purposes, of applicable laws and regulations (e.g., Title IX), Family Educational Rights and Privacy Act (FERPA) and its implementing regulations, or as required by law; including any investigation, or resolution proceeding arising under these policies and procedures.[[18]](#footnote-19),[[19]](#footnote-20) Additional information regarding confidentiality and privacy can be found in [Appendix E](#_APPENDIX_E:_PRIVACY,).

Unauthorized Disclosure of Information

Parties and Advisors are prohibited from unauthorized disclosure of information obtained by the Recipient through the Resolution Process, to the extent that information is the work product of the Recipient (meaning it has been produced, compiled, or written by Recipient for purposes of its investigation and resolution of a Complaint). It is also a violation of Recipient Policy to publicly disclose work product or a party’s personally identifiable information without authorization or consent. Violation of this Policy is subject to significant sanctions.

# Emergency Removal/Interim Actions/Leaves

The Recipient can act to remove a student Respondent accused of Sex Discrimination or Sex-based Harassment from its education program or activities, partially or entirely, on an emergency basis when an individualized safety and risk analysis has determined that an immediate threat to the physical health or safety of any student or other individual justifies removal. This risk analysis is performed by the Title IX Coordinator and may be done in conjunction with the Behavioral Intervention Team using its standard objective violence risk assessment procedures. Employees are subject to existing procedures for interim actions and leaves.

# Federal Timely Warning Obligations

Recipient must issue timely warnings for reported incidents that pose a serious or continuing threat of bodily harm or danger to members of the Recipient community.

The Recipient will ensure that a Complainant’s name and other identifying information is not disclosed, while still providing enough information for community members to make safety decisions in light of the potential danger.

# Amnesty

The Recipient community encourages the reporting of misconduct and crimes by Complainants and witnesses. Sometimes, Complainants or witnesses are hesitant to give Notice to Recipient officials or participate in resolution processes because they fear that they themselves may be in violation of certain policies, such as underage drinking or use of illicit drugs at the time of the incident. Respondents may hesitate to be forthcoming during the process for the same reasons.

It is in the best interests of the Recipient community that Complainants choose to give Notice of misconduct to Recipient officials, that witnesses come forward to share what they know, and that all Parties be forthcoming during the process.

To encourage reporting and participation in the process, Recipient maintains a Policy of offering Parties and witnesses amnesty from minor policy violations, such as underage alcohol consumption or the use of illicit drugs, related to the incident. Granting amnesty is a discretionary decision made by the Recipient, and amnesty does not apply to more serious allegations, such as physical abuse of another or illicit drug distribution.

## Students

The Recipient maintains an amnesty policy for students who offer help to others in need.

## Employees

Sometimes, employees are hesitant to report discrimination, harassment, or retaliation they have experienced for fear of getting in trouble themselves. The Recipient may, at its discretion, offer employee Complainants amnesty from such policy violations (typically more minor policy violations) related to the incident. amnesty may also be granted to Respondents and witnesses on a case-by-case basis.

# Preservation of Evidence

The preservation of evidence is critical to potential criminal prosecution and to obtaining restraining/protective orders, and it is particularly time sensitive. The Recipient will inform the Complainant of the importance of preserving evidence by taking actions such as the following:

Sexual Assault

* Seek forensic medical assistance at the nearest hospital, ideally within 120 hours of the incident (sooner is better).
* Avoid urinating, showering, bathing, washing hands or face, or douching, if possible, but evidence may still be collected even if you do.
* If oral sexual contact took place, refrain from smoking, eating, drinking, or brushing teeth.
* If clothes are changed, place soiled clothes in a paper bag (plastic destroys evidence) or a secure evidence container (if provided one by law enforcement)
* Seeking medical treatment can be essential, even if it is not for the purposes of collecting forensic evidence.

Stalking/Dating Violence/Domestic Violence/Sex-Based Harassment

* Evidence in the form of text and voice messages will be lost in most cases if the Complainant changes their phone number.
	+ Make a secondary recording of any voice messages and/or save the audio files to a cloud server.
	+ Take screenshots and/or a video recording of any text messages or other electronic messages (e.g., Instagram, Snapchat, Facebook).
* Save copies of email and social media correspondence, including notifications related to account access alerts.
* Take timestamped photographs of any physical evidence, including notes, gifts, etc., in place when possible.
* Save copies of any messages, including those showing any request for no further contact.
* Obtain copies of call logs showing the specific phone number being used rather than a saved contact name if possible.

During the initial meeting between the Complainant and Administrator, the importance of taking these actions will be discussed, if timely.

# Federal Statistical Reporting Obligations

Certain institutional officials (those deemed Campus Security Authorities) have a duty to report the following for federal statistical reporting purposes (Clery Act):

1. All “primary crimes,” which include criminal homicide, sexual assault, robbery, aggravated assault, burglary, motor vehicle theft, and arson
2. Hate crimes, which include any bias-motivated primary crime as well as any bias-motivated larceny or theft, simple assault, intimidation, or destruction/damage/vandalism of property
3. Violence Against Women Act (VAWA-based crimes), which include sexual assault, domestic violence, dating violence, and stalking[[20]](#footnote-21)
4. Arrests and referrals for disciplinary action for weapons law violations, liquor law violations, and drug law violations

All personally identifiable information is kept private, but statistical information regarding the type of incident and its general location (on- or off-campus or in the surrounding area, but no addresses are given) must be shared with Clery Coordinator for publication in the Annual Security Report and daily campus crime log. Campus Security Authorities include student affairs/student conduct staff, campus law enforcement/public safety/security, local police, coaches, athletic directors, residence life staff, student activities staff, human resources staff, advisors to student organizations, and any other official with significant responsibility for student and campus activities.

# Independence and Conflicts of Interest

The Administrator manages the Nondiscrimination Team and acts with independence and authority, free from bias and conflicts of interest. The Administrator oversees all resolutions under this Policy and these procedures. The members of the Resolution Pool are vetted and trained to ensure they are not biased for or against any party in a specific Complaint, or for or against Complainants and/or Respondents, generally.

To raise any concern involving bias, conflict of interest, misconduct, or discrimination by the Administrator, contact the [Recipient President or other appropriate official contact information]. Concerns of bias, misconduct, discrimination, or a potential conflict of interest by any other Resolution Pool member should be raised with the Administrator.

# Revision of this Policy

This Policy succeeds previous policies addressing discrimination, harassment, sexual misconduct, and/or retaliation, though previous policies and procedures remain in force for incidents occurring before August 1, 2024. The Administrator reviews and updates these policies and procedures regularly. The Recipient reserves the right to make changes to this document as necessary, and once those changes are posted online, they are in effect.

If government laws or regulations change or court decisions alter the requirements in a way that impacts this document, this document will be construed to comply with the most recent government laws, regulations, or court holdings.

This document does not create legally enforceable protections beyond the protections of the background state and federal laws that frame such policies and codes, generally.

This Policy is effective <<date>>.

**RESOLUTION PROCESS** **FOR ALLEGED VIOLATIONS OF POLICY ON EQUAL OPPORTUNITY, HARASSMENT, AND NONDISCRIMINATION**[[21]](#footnote-22) **(Hereinafter the “Resolution Process”)**

# Overview

Recipient will act on any Notice, Complaint, or Knowledge of a potential violation of the Equal Opportunity, Harassment, and Nondiscrimination Policy (“the Policy”) that is received by the Administrator[[22]](#footnote-23) or any other Mandated Reporter by applying the Resolution Process below.

The procedures below apply to all allegations of discrimination on the basis of an actual or perceived protected characteristic, harassment, retaliation, or Other Prohibited Conduct as involving students, staff, administrators, faculty members, or third parties. [Unionized/other categorized employees are subject to the terms of their agreements/employees’ rights to the extent those agreements do not conflict with federal or state compliance obligations.][[23]](#footnote-24)

# Notice/Complaint

Upon receipt of Notice, a Complaint, or Knowledge of an alleged Policy violation, the Administrator will initiate a prompt initial evaluation to determine the Recipient’s next steps. The Administrator will contact the Complainant/source of the Notice to offer supportive measures, provide information regarding resolution options, and determine how they wish to proceed.

# Collateral Misconduct

Collateral misconduct is defined to include potential violations of other Recipient policies not incorporated into the Policy on Equal Opportunity, Harassment, and Nondiscrimination that occur in conjunction with alleged violations of the Policy, or that arise through the course of the investigation, for which it makes sense to provide one resolution for all charges. Thus, the collateral allegations may be charged along with potential violations of the Policy, to be resolved jointly under these Procedures. In such circumstances, the Administrator may consult with Recipient officials who typically oversee such conduct (e.g., human resources, student conduct, academic affairs) to solicit their input as needed on what charges should be filed, but the exercise of collateral charges under these procedures is within the discretion of Administrator. All other allegations of misconduct unrelated to incidents covered by the Policy will typically be addressed separately through procedures described in the student, faculty, and staff handbooks.

# Initial Evaluation

The Administrator conducts an initial evaluation typically within seven (7) business days of receiving Notice/Complaint/Knowledge of alleged misconduct.[[24]](#footnote-25) The initial evaluation typically includes:

* Assessing whether the reported conduct may reasonably constitute a violation of the Policy.
	+ If the conduct may not reasonably constitute a violation of the Policy, the matter is typically dismissed from this process, consistent with the dismissal provision in these procedures. It may then be referred to another process, if applicable.
* Determining whether Recipient has jurisdiction over the reported conduct, as defined in the Policy.
	+ If the conduct is not within Recipient jurisdiction, the matter is typically dismissed from this process, consistent with the dismissal provision in these procedures. If applicable, the conduct will be referred to the appropriate Recipient office for resolution.
* Offering and coordinating supportive measures for the Complainant.
* Offering and coordinating supportive measures for the Respondent, as applicable.
* Notifying the Complainant, or the person who reported the allegation(s), of the resolution processes, including a supportive and remedial response, an Informal Resolution option, or the Resolution Process described below.
* Determining whether the Complainant wishes to make a Complaint.
* Notifying the Respondent of the resolution processes, including a supportive and remedial response, an Informal Resolution option, or the Resolution Process described below, if a Complaint is made.

***Helping a Complainant to Understand Options***

If the Complainant indicates they wish to initiate a Complaint (in a manner that can reasonably be construed as reflecting intent to make a Complaint), the Administrator will help to facilitate the Complaint, which will include:

* Working with the Complainant to determine whether the Complainant wishes to pursue one of three resolution options:
	+ a supportive and remedial response, and/or
	+ Informal Resolution, or
	+ the Resolution Process described below.

The Administrator will seek to abide by the wishes of the Complainant but may have to take an alternative approach depending on their analysis of the situation.

If the Complainant elects for the Resolution Process below, and the Administrator has determined the Policy applies and that the Recipient has jurisdiction, they will route the matter to the appropriate Resolution Process, will provide the Parties with a Notice of Investigation and Allegation(s), and will initiate an investigation consistent with these Procedures.

If any Party indicates (either verbally or in writing) that they want to pursue an Informal Resolution option, the Administrator will assess whether the matter is suitable for Informal Resolution and refer the matter, accordingly.

If the Complainant indicates (either verbally or in writing) that they do not want any action taken, no Resolution Process will be initiated (unless deemed necessary by the Administrator), though the Complainant can elect to initiate one later, if desired.

***Administrator Authority to Initiate a Complaint***

If the Complainant does not wish to file a Complaint, the Administrator, who has ultimate discretion as to whether a Complaint is initiated, will offer supportive measures and determine whether to initiate a Complaint themselves. To make this determination, the Administrator will evaluate that request to determine if there is a serious and imminent threat to someone's safety or if the Recipient cannot ensure equal access without initiating a Complaint. The Administrator will consider the following non-exhaustive factors to determine whether to file a Complaint:

* The Complainant’s request not to proceed with initiation of a Complaint;
* The Complainant’s reasonable safety concerns regarding initiation of a Complaint;
* The risk that additional acts of discrimination would occur if a Complaint is not initiated;
* The severity of the alleged discrimination, including whether the discrimination, if established, would require the removal of a Respondent from campus or imposition of another disciplinary sanction to end the discrimination and prevent its recurrence;
* The age and relationship of the Parties, including whether the Respondent is a Recipient employee;
* The scope of the alleged discrimination, including information suggesting a pattern, ongoing discrimination, or discrimination alleged to have impacted multiple individuals;
* The availability of evidence to assist a Decision-maker in determining whether discrimination occurred;
* Whether the Recipient could end the alleged discrimination and prevent its recurrence without initiating its resolution process.

If deemed necessary, the Administrator may consult with appropriate Recipient employees, and/or conduct a violence risk assessment[[25]](#footnote-26) to aid their determination whether to initiate a Complaint.

When the Administrator initiates a Complaint, they do not become the Complainant. The Complainant is the person who experienced the alleged conduct that could constitute a violation of this Policy.

# Dismissal

The Recipient **may** dismiss a Complaint if, at any time during the investigation or Resolution Process, one or more of the following grounds are met:

1. The Recipient is unable to identify the Respondent after taking reasonable steps to do so
2. The Recipient no longer enrolls or employs the Respondent
3. A Complainant voluntarily withdraws any or all of the allegations in the Complaint, and the Administrator declines to initiate a Complaint
4. The Recipient determines the conduct alleged in the Complaint would not constitute a Policy violation, if proven

A Decision-maker can recommend dismissal to the Administrator, if they believe the grounds are met. A Complainant who decides to withdraw a Complaint may later request to reinstate or refile it.

Upon any dismissal, the Recipient will promptly send the Complainant written notification of the dismissal and the rationale for doing so. If the dismissal occurs after the Respondent has been made aware of the allegations, the Recipient will also notify the Respondent of the dismissal.

This dismissal decision is appealable by any party.

# Appeal of Dismissal

The Complainant may appeal a dismissal of their Complaint. The Respondent may also appeal the dismissal of the Complaint if dismissal occurs after the Respondent has been made aware of the allegations. All dismissal appeal requests must be filed within three (3) business days of the notification of the dismissal.

The Administrator will notify the Parties of any appeal of the dismissal. If, however, the Complainant appeals, but the Respondent was not notified of the Complaint, the Administrator must then provide the Respondent with a NOIA and will notify the Respondent of the Complainant’s appeal with an opportunity to respond.

Throughout the dismissal appeal process, the Recipient will:

* Implement dismissal appeal procedures equally for the Parties;
* Assign a trained Dismissal Appeal Officer who did not take part in an investigation of the allegations or dismissal of the Complaint;
* Provide the Parties a reasonable and equal opportunity to make a statement in support of, or challenging, the dismissal; and
* Notify the Parties of the result of the appeal and the rationale for the result.

The grounds for dismissal appeals are limited to:

1. Procedural irregularity that would change the outcome;
2. New evidence that would change the outcome and that was not reasonably available when the dismissal was decided;
3. The Administrator, Investigator, or Decision-maker had a conflict of interest or bias for or against complainants or respondents generally or the individual Complainant or Respondent that would change the outcome.
4. [The dismissal was erroneously granted or denied]

Upon receipt of a dismissal appeal in writing from one or more Parties, the Administrator will share the petition with the other party and provide three (3) business days for other Parties to respond to the request. The appeal should specify at least one of the grounds above and provide any reasons or supporting evidence for why the ground is met. This appeal will be provided in writing to the other Parties, and the Administrator, who will be invited to respond in writing. At the conclusion of the response period, the Administrator will forward the appeal, as well as any response provided by the other Parties to the Dismissal Appeal Officer for consideration.

If the Request for Appeal does not provide information that meets the grounds in this Policy, the request will be denied by the Dismissal Appeal Officer, and the Parties, their Advisors, and the Administrator will be notified in writing of the denial and the rationale.

If any of the asserted grounds in the appeal satisfy the grounds described in this Policy, then the Dismissal Appeal Officer will notify all Parties and their Advisors, and the Administrator, of their decision and rationale in writing. The effect will be to reinstate the Complaint.

In most cases, appeals are confined to a review of the written documentation or record of the original determination and pertinent documentation regarding the specific appeal grounds. The Dismissal Appeal Officer has seven (7) business days to review and decide on the appeal, though extensions can be granted at the discretion of the Administrator, and the Parties will be notified of any extension.

Appeal decisions are deferential to the original determination, making changes only if there is a compelling justification to do so.

The Dismissal Appeal Officer may consult with the Administrator and/or legal counsel on questions of procedure or rationale for clarification, if needed. The Administrator will maintain documentation of all such consultation.

# Emergency Removal/Interim Suspension of a Student

The Recipient may emergency remove a student accused of Sex Discrimination or Sex-based Harassment upon receipt of Notice/Knowledge, a Complaint, or at any time during the resolution process. Prior to an emergency removal, Recipient will conduct an individualized risk assessment and may remove the student if that assessment determines that an imminent and serious threat to the health or safety of a Complainant or any students, employees, or other persons arising from the allegations of sex discrimination justifies such action. Students accused of other forms of discrimination (not sex) are subject to interim suspension, which can be imposed for safety reasons.

When an emergency removal or interim suspension is imposed, wholly or partially, the affected student will be notified of the action, which will include a written rationale, and the option to challenge the emergency removal or interim suspension within two (2) business days of the notification. Upon receipt of a challenge, the Administrator will meet with the student (and their Advisor, if desired) as soon as reasonably possible thereafter to allow them to show cause why the removal/action should not be implemented or should be modified.

This meeting is not a hearing on the merits of the allegation(s), but rather is an administrative process intended to determine solely whether the emergency removal or interim suspension is appropriate, should be modified, or lifted. When this meeting is not requested within two (2) business days, objections to the emergency removal or interim suspension will be deemed waived. A student can later request a meeting to show why they are no longer an imminent and serious threat because conditions related to imminence or seriousness have changed. A Complainant and their Advisor may be permitted to participate in this meeting if the Administrator determines it is equitable to do so.

The Respondent may provide information, including expert reports, witness statements, communications, or other documentation for consideration prior to or during the meeting. When applicable, a Complainant may provide information to the Administrator for review.

An emergency removal or interim suspension may be affirmed, modified, or lifted as a result of a requested review or as new information becomes available. The Administrator will communicate the final decision in writing, typically within three (3) business days of the review meeting.

# Placing an Employee on Leave

When the Respondent is an employee, or a student employee accused of misconduct in the course of their employment, existing provisions <<link>> for interim action are typically applicable instead of the above emergency removal process. [Procedures for unionized employees can be found here <<link>>].

# Counter-Complaints

The Recipient is obligated to ensure that the resolution process is not abused for retaliatory purposes. Although the Recipient permits the filing of Counter-Complaints, the Administrator will use an initial evaluation, described above, to assess whether the allegations in the Counter-Complaint are made in good faith. When Counter-Complaints are not made in good faith, they will not be permitted. They will be considered potentially retaliatory and may constitute a violation of the Policy.

Counter-Complaints determined to have been reported in good faith will be processed using the Resolution Process below. At the Administrator’s discretion, investigation of such claims may take place concurrently or after resolution of the underlying initial Complaint.

# Advisors in the Resolution Process

## Who Can Serve as an Advisor?

The Parties may each have an Advisor (friend, mentor, family member, attorney, or any other individual a party chooses) present with them for all meetings, interviews, and hearings within the Resolution Process, including intake. The Parties may select whomever they wish to serve as their Advisor as long as the Advisor is eligible and available.[[26]](#footnote-27)

The Administrator will offer to assign a trained Advisor to any party if the party chooses. If the Parties choose an Advisor from the pool available from the Recipient, the Recipient will have trained the Advisor and familiarized them with the Recipient’s Resolution Process.

The Recipient cannot guarantee equal Advisory rights, meaning that if one party selects an Advisor who is an attorney, but the other party does not, or cannot afford an attorney, the Recipient is not obligated to provide an attorney to advise that party.

A party may elect to change Advisors during the process and is not obligated to use the same Advisor throughout. Parties are expected to provide the Administrator with timely notification if they change Advisors. If a party changes Advisors, consent to share information with the previous Advisor is assumed to be terminated, and a release for the new Advisor must be submitted.

The Recipient may permit Parties to have more than one Advisor, or an Advisor and a support person, upon special request to the Administrator. The decision to grant this request is at the Administrator’s sole discretion and will be granted equitably to all Parties.

[If a party requests that all communication be made through their attorney Advisor instead of to the party, the Recipient will [comply with that request **OR** refuse that request at the discretion of the Administrator **OR** agree to copy both the party and their Advisor on all communications.]]

Advisors appointed by the institution cannot be confidential employees, and although they will not be asked to disclose details of their interactions with their advisees to institutional officials or Decision-makers absent an emergency, they are still reminded of their Mandated Reporter responsibilities.

[As a public entity, Recipient fully respects and accords the Weingarten rights of employees, meaning that for Parties who are entitled to union representation, the Recipient will allow the unionized employee to have their union representative (if requested by the party) as well as an Advisor of their choice present for all resolution-related meetings and interviews. To uphold the principles of equity, the other party (regardless of union membership) will also be permitted to have two Advisors. Witnesses [are **OR** are not] permitted to have union representation or Advisors in Resolution Process interviews or meetings.]

## Advisor’s Role in the Resolution Process

Advisors should help the Parties to prepare for each meeting and are expected to advise ethically, with integrity, and in good faith. Advisors may not provide testimony or speak on behalf of their advisee unless given specific permission to do so.

The Parties are expected to ask and respond to questions on their own behalf throughout the Resolution Process. Although the Advisor generally may not speak on behalf of their advisee, the Advisor may consult with their advisee, either privately as needed, or by conferring or passing notes during any Resolution Process meeting or interview. For longer or more involved discussions, the Parties and their Advisors should ask for breaks to allow for private consultation.

[Where applicable under state law or Recipient Policy, Advisors or attorneys are permitted to fully represent their advisees or clients in the Resolution Process, including all meetings, interviews, and hearings. Although Recipient prefers to hear from Parties directly, in these cases, Parties are entitled to have their chosen representatives provide evidence.]

## Records Shared with Advisors

Advisors are entitled to the same opportunity as their advisee to access relevant evidence, and/or the same written investigation report that accurately summarizes this evidence.

Advisors are expected to maintain the confidentiality of the records the Recipient shares with them, [Section 14](#ReportsComplaintsSection14) of the Policy addressing Confidentiality. Advisors may not disclose any Recipient work product or evidence the Recipient obtained solely through the Resolution Process for any purpose not explicitly authorized by Recipient.

Accordingly, Advisors will be asked to sign Non-Disclosure Agreements (NDAs). The Recipient may decline to share materials with any Advisor who has not executed the NDA. Recipient may restrict the role of any Advisor who does not respect the sensitive nature of the process or who fails to abide by the Recipient’s confidentiality expectations.

## Advisor Expectations

The Recipient generally expects an Advisor to adjust their schedule to allow them to attend Recipient meetings/interviews[/hearings] when planned, but the Recipient may change scheduled meetings/interviews[/hearings] to accommodate an Advisor’s inability to attend, if doing so does not cause an unreasonable delay.

The Recipient may also make reasonable provisions to allow an Advisor who cannot be present in person to attend a meeting/interview[/hearing] by telephone, video conferencing, or other similar technologies.

All Advisors are subject to the same Recipient policies and procedures, whether they are attorneys or not, and whether they are selected by a party or appointed by the Recipient. Advisors are expected to advise their advisees without disrupting proceedings.

## Advisor Policy Violations

Any Advisor who oversteps their role as defined by the Policy, who shares information or evidence in a manner inconsistent with the Policy, or who refuses to comply with the Recipient’s established rules of decorum, will be warned. If the Advisor continues to disrupt or otherwise fails to respect the limits of the Advisor role, the meeting/interview[/hearing] may be ended, or other appropriate measures implemented, including the Recipient requiring the party to use a different Advisor or providing a different Recipient-appointed Advisor. Subsequently, the Administrator will determine how to address the Advisor’s non-compliance and future role.

# Resolution Option Overview

This Resolution Process, consisting of Informal Resolution [,or] Administrative Resolution [,or Hearing Resolution], is the Recipient’s chosen approach to addressing all forms of discrimination on the basis of protected characteristics, harassment, and retaliation. The process considers the Parties’ preferences but is ultimately determined at the Administrator’s discretion.

Resolution proceedings are confidential. All individuals present at any time during the Resolution Process are expected to maintain the confidentiality of the proceedings in accordance with Recipient Policy.

## Informal Resolution

To initiate Informal Resolution, a Complainant or Respondent may make such a request to the Administrator at any time prior to a final determination, or the Administrator may offer the option to the Parties, in writing. The Recipient will obtain voluntary, written confirmation that all Parties wish to resolve the matter through Informal Resolution before proceeding and will not pressure the Parties to participate in Informal Resolution.

Before initiation of an Informal Resolution process, Recipient will provide the Parties with a NOIA that explains:

* The allegations;
* The requirements of the Informal Resolution process;
* That, prior to agreeing to a resolution, any party has the right to withdraw from the Informal Resolution process and to initiate or resume the Recipient’s Resolution Process;
* That the Parties’ agreement to a resolution at the conclusion of the Informal Resolution process will preclude the Parties from initiating or resuming the resolution process arising from the same allegations;
* The potential terms that may be requested or offered in an Informal Resolution agreement, including notification that an Informal Resolution agreement is binding only on the Parties; and
* What information the Recipient will maintain, and whether and how it could disclose such information for use in its Resolution Process.

Recipient offers four categories of Informal Resolution:

1. **Supportive Resolution**. When the Administrator can resolve the matter informally by providing supportive measures (only) designed to remedy the situation.
2. **Educational Conversation**. When the Administrator can resolve the matter informally by having a conversation with the Respondent to discuss the Complainant’s concerns and institutional expectations or can accompany the Complainant in their desire to confront the conduct.
3. **Accepted Responsibility**. When the Respondent is willing to accept responsibility for violating Policy and is willing to agree to actions that will be enforced similarly to sanctions, and the Complainant(s) and Recipient are agreeable to the resolution terms.
4. **Alternative Resolution**. When the Parties agree to resolve the matter through an alternative resolution mechanism (which could include, but is not limited to, mediation, shuttle negotiation, restorative practices, facilitated dialogue, etc.), as described below.

The individual facilitating an Informal Resolution must be trained and cannot be the Investigator, Decision-maker, or Appeal Decision-maker.

It is not necessary to pursue Informal Resolution first in order to pursue an Administrative **OR** Hearing Resolution Process. Any party participating in Informal Resolution can withdraw from the Informal Resolution Process at any time and initiate or resume the Administrative **OR** Hearing Resolution Process.

The Parties may agree, as a condition of engaging in Informal Resolution, on what statements made or evidence shared during the Informal Resolution process will not be considered in the Administrative Resolution **OR** Hearing Process, should Informal Resolution not be successful, unless agreed to by all Parties.

If an investigation is already underway, the Administrator has discretion to determine if an investigation will be paused, if it will be limited, or if it will continue during the Informal Resolution process.

Categories of Informal Resolution

### Supportive Resolution

The Administrator will meet with the Complainant to determine reasonable supportive measures that are designed to restore or preserve the Complainant’s access to the Recipient’s education program and activity. Such measures can be modified as the Complainant’s needs evolve over time or circumstances change. If the Respondent has received the NOIA, the Administrator may also provide reasonable supportive measures for the Respondent as deemed appropriate. This option is available when the Complainant does not want to engage the other resolution options, and the Administrator does not initiate a Complaint.

### Educational Conversation

The Complainant(s) may request that the Administrator address their allegations by meeting (with or without the Complainant) with the Respondent(s) to discuss concerning behavior and institutional policies and expectations. Such a conversation is non-disciplinary and non-punitive. Respondent(s) are not required to attend such meetings, nor are they compelled to provide any information if they attend. The conversation will be documented as the Informal Resolution for the matter, if it takes place. In light of this conversation, or the Respondent’s decision not to attend, the Administrator may also implement remedial actions to ensure that policies and expectations are clear and to minimize the risk of recurrence of any behaviors that may not align with Policy.

### Accepted Responsibility[[27]](#footnote-28)

The Respondent may accept responsibility for any or all of the alleged Policy violations at any point during the Resolution Process. If the Respondent indicates an intent to accept responsibility for **all** alleged Policy violations, the ongoing process will be paused, and the Administrator will determine whether Informal Resolution is an option.

If Informal Resolution is available, the Administrator will determine whether all Parties and the Recipient are able to agree on responsibility, restrictions, sanctions, restorative measures, and/or remedies. If so, the Administrator implements the accepted finding that the Respondent is in violation of Recipient Policy, implements agreed-upon restrictions and remedies, and determines the appropriate responses in coordination with other appropriate administrator(s), as necessary.

This resolution is not subject to appeal once all Parties indicate their written agreement to all resolution terms. When the Parties cannot agree on all terms of resolution, the Resolution Process will either continue or resume.[[28]](#footnote-29)

When a resolution is reached, the appropriate sanction(s) or responsive actions are promptly implemented to effectively stop the harassment or discrimination, prevent its recurrence, and remedy the effects of the discriminatory conduct, both on the Complainant and the community.

### Alternative Resolution

The institution offers a variety of Alternative Resolution mechanisms to best meet the specific needs of the Parties and the nature of the allegations. Alternative Resolution may involve agreement to pursue individual or community remedies, including targeted or broad-based educational programming or training; supported direct conversation or interaction with the Respondent(s); indirect action by the Administrator or other appropriate Recipient officials; and other forms of resolution that can be tailored to the needs of the Parties. Some Alternative Resolution mechanisms will result in an agreed-upon outcome, while others are resolved through dialogue. All Parties must consent to the use of an Alternative Resolution approach, and the Parties may, but are not required to, have direct or indirect contact during an Alternative Resolution process.

The Administrator may consider the following factors to assess whether Alternative Resolution is appropriate, or which form of Alternative Resolution may be most successful for the Parties:

* The Parties’ amenability to Alternative Resolution
* Likelihood of potential resolution, considering any power dynamics between the Parties
* The nature and severity of the alleged misconduct
* The Parties’ motivation to participate
* Civility of the Parties
* Results of a violence risk assessment/ongoing risk analysis
* Respondent’s disciplinary history
* Whether an emergency removal or other interim action is needed
* Skill of the Alternative Resolution facilitator with this type of Complaint
* Complaint complexity
* Emotional investment/capability of the Parties
* Rationality of the Parties
* Goals of the Parties
* Adequate resources to invest in Alternative Resolution (e.g., time, staff, etc.)

The Administrator has the authority to determine whether Alternative Resolution is available or successful, to facilitate a resolution that is acceptable to all Parties, and/or to accept the Parties’ proposed resolution, usually through their Advisors, often including terms of confidentiality, release, and non-disparagement.

Parties do not have the authority to stipulate restrictions or obligations for individuals or groups that are not involved in the Alternative Resolution process. The Administrator will determine whether additional individual or community remedies are necessary to meet the institution’s compliance obligations in addition to the Alternative Resolution.

The Administrator maintains records of any resolution that is reached and will provide notification to the Parties of what information is maintained. Failure to abide by the resolution agreement may result in appropriate responsive/disciplinary actions (e.g., dissolution of the Agreement and resumption of the Resolution Process, referral to the conduct process for failure to comply, application of the enforcement terms of the Agreement, etc.). The results of Complaints resolved by Alternative Resolution are not appealable.

If an Informal Resolution option is not available or selected, the Recipient will initiate or continue an investigation and subsequent Resolution Process to determine whether the Policy has been violated.

## Administrative [Hearing] Resolution Process (see [Section 22](#_Administrative_Resolution_Process) below)

# Resolution Process Pool

The Resolution Process relies on a pool of administrators (“the Pool”) to carry out the process.[[29]](#footnote-30)

## Pool Member Roles

Members of the Pool are trained annually, and can serve in the following roles, at the discretion of the Administrator:

* Appropriate intake of and initial guidance pertaining to Complaints
* Advisor to Parties
* Informal Resolution Facilitator
* Perform or assist with initial evaluation
* Investigator
* Hearing Facilitator
* Decision-maker for challenges to emergency removal and supportive measures
* Decision-maker
* Appeal of Dismissal Decision-maker
* Appeal Decision-maker

## Pool Member Appointment

The Administrator, in consultation with senior administrators as necessary, appoints the Pool, which acts with independence and impartiality.[[30]](#footnote-31) Although members of the Pool are typically trained in a variety of skill sets and can rotate amongst the different roles listed above in different Complaints, the Recipient can also designate permanent roles for individuals in the Pool.

## Training (see [Appendix J](#_APPENDIX_J:_TRAINING) for details of training for Pool Members)

# Notice of Investigation and Allegations

Prior to an investigation, the Administrator will provide the Parties with a detailed written NOIA. Amendments and updates to the NOIA may be made as the investigation progresses and more information becomes available regarding the addition or dismissal of various allegations. For climate/culture investigations that do not have an identifiable Respondent, the NOIA will be sent to the department/office/program head for the area/program being investigated.

The NOIA typically includes:

* A meaningful summary of all allegations
* The identity of the involved Parties (if known)
* The precise misconduct being alleged
* The date and location of the alleged incident(s) (if known)
* The specific policies/offenses implicated
* A description of, link to, or copy of the applicable procedures
* A statement that the Parties are entitled to an equal opportunity to access the relevant and not otherwise impermissible evidence
* The name(s) of the Investigator(s), along with a process to identify to the Administrator, in advance of the interview process, any conflict of interest that the Investigator(s) may have
* A statement that the Recipient presumes the Respondent is not responsible for the reported misconduct unless and until the evidence supports a different determination
* A statement that determinations of responsibility are made at the conclusion of the process and that the Parties will be given an opportunity during the review and comment period to inspect and review all relevant evidence
* A statement that retaliation is prohibited
* Information about the confidentiality of the process, including that the Parties and their Advisors (if applicable) may not share Recipient work product obtained through the Resolution Process
* A statement that the Parties may have an Advisor of their choice who may accompany them through all steps of the Resolution Process
* A statement informing the Parties that the Recipient’s Policy prohibits knowingly making false statements, including knowingly submitting false information during the Resolution Process
* Detail on how a party may request disability accommodations during the Resolution Process
* A link to the Recipient’s VAWA Brochure
* An instruction to preserve any evidence that is directly related to the allegations
* [A statement that Parties who are members of a union are entitled to union representation throughout the process]

Notification will be made in writing and may be delivered by one or more of the following methods: in person, mailed to the local or permanent address(es) of the Parties as indicated in official Recipient records, or emailed to the Parties’ Recipient-issued email or designated accounts. Once mailed, emailed, and/or received in person, the notification will be presumptively delivered.

# Resolution Timeline

Recipient will make a good faith effort to complete the Resolution Process within sixty to ninety (60-90) business days, including any appeals, which can be extended as necessary for appropriate cause by the Administrator. The Parties will receive regular updates on the progress of the Resolution Process, as well as notification and a rationale for any extensions or delays, and an estimate of how much additional time will be needed to complete the process.

Investigations are completed expeditiously, normally within sixty (60) business days, though some investigations may take longer, depending on issues such as the nature, extent, and complexity of the allegations, witness availability, law enforcement involvement, and other factors.

If a party or witness chooses not to participate in the Resolution Process or becomes unresponsive, the Recipient reserves the right to continue it without their participation to ensure a prompt resolution. Non-participatory or unresponsive Parties retain the rights outlined in this Policy and the opportunity to participate in the Resolution Process.

The Recipient may undertake a short delay in its investigation (several days to a few weeks) if circumstances require. Such circumstances include but are not limited to a request from law enforcement to delay the investigation temporarily, the need for language assistance, the absence of Parties and/or witnesses, and/or health conditions. The Recipient will promptly resume its Resolution Process as soon as feasible. During such a delay, Recipient will implement and maintain supportive measures for the Parties as deemed appropriate.

Recipient action(s) or processes are not typically altered or precluded on the grounds that civil or criminal charges involving the underlying incident(s) have been filed or that criminal charges have been dismissed or reduced.

The Recipient will make a good faith effort to complete the Resolution Process as promptly as circumstances permit and will communicate regularly with the Parties to update them on the progress and timing of the process.

# Ensuring Impartiality

Any individual materially involved in the administration of the Resolution Process, including the Administrator, Investigator(s), and Decision-maker(s), may neither have nor demonstrate a conflict of interest or bias for a party generally, or for a specific Complainant or Respondent.

The Administrator will vet the assigned Investigator(s), Decision-maker(s), and Appeals officers for impartiality by ensuring there are no actual or apparent conflicts of interest or disqualifying biases. At any time during the Resolution Process, the Parties may raise a concern regarding bias or conflict of interest, and the Administrator will determine whether the concern is reasonable and supportable. If so, another Pool member will be assigned, and the impact of the bias or conflict, if any, will be remedied. If the source of the conflict of interest or bias is the Administrator, concerns should be raised with <<Title>>.

The Resolution Process involves an objective evaluation of all available relevant and not otherwise impermissible evidence, including evidence that supports that the Respondent engaged in a Policy violation and evidence that supports that the Respondent did not engage in a Policy violation. Credibility determinations may not be based solely on an individual’s status or participation as a Complainant, Respondent, or witness. All Parties have a full and fair opportunity, through the investigation process, to suggest witnesses and questions, to provide evidence, and to receive a written investigation report that accurately summarizes this evidence.

# Investigator Appointment

Once an investigation is initiated, the Administrator appoints an Investigator(s) to conduct it. These Investigators may be members of the Resolution Process Pool, or any other properly trained Investigator, whether internal or external to the Recipient’s community.

# Witness Role and Participation in the Investigation

Employees (not including Complainant and Respondent) are required to cooperate with and participate in the Recipient’s investigation and Resolution Process. Student witnesses and witnesses from outside the Recipient community cannot be required to participate but are encouraged to cooperate with Recipient investigations and to share what they know about a Complaint.

Interviews may be conducted in person, via online video platforms (e.g., Zoom, Microsoft Teams, FaceTime, WebEx, etc.), or, in limited circumstances, by telephone. The Recipient will take appropriate steps to ensure the security/privacy of remote interviews.

Parties and witnesses may also provide written statements in lieu of interviews or choose to respond to written questions, if deemed appropriate by the Investigator(s), though not preferred.

# Interview Recording

It is standard practice for Investigators to create record of all interviews pertaining to the Resolution Process (other than Informal Resolution meetings). The Parties may review copies of their own interviews, upon request. No unauthorized audio or video recording of any kind is permitted during investigation meetings. If an Investigator(s) elects to audio and/or video record interviews, all involved individuals should be made aware of audio and/or video recording.

All interviews are recorded. The recording and/or transcript of those meetings will be provided to the Parties for their review, after which the Parties may pose additional questions to each other. Those subsequent meetings or interviews are also recorded and/or transcribed and shared with the Parties.

# Evidentiary Considerations

The Investigator(s) and the Decision-maker(s) will only consider evidence that is deemed relevant and not otherwise impermissible.

Relevant evidence is that which may aid in determining whether the allegation occurred, or whether the behavior constitutes a violation of Policy.

Impermissible evidence is defined as evidence that relates to the Complainant’s sexual interests or prior sexual conduct, unless 1) evidence about the Complainant’s prior sexual conduct is offered to prove that someone other than the Respondent committed the alleged conduct, or 2) is evidence about specific incidents of the Complainant’s prior sexual conduct with the Respondent that is offered to prove consent.

The fact of prior consensual sexual conduct between the Complainant and Respondent does not by itself demonstrate or imply the Complainant’s consent or preclude a determination that sex-based harassment occurred.

Previous disciplinary action of any kind involving the Respondent may not be considered unless there is an allegation of a pattern of misconduct. Such information may also be considered in determining an appropriate sanction upon a determination of responsibility. Barring a pattern allegation, this information is only considered at the sanction stage of the process and is not shared until then.

Within the limitations stated above, the investigation and determination can consider character evidence, if offered, but that evidence is unlikely to be relevant unless it is fact evidence or relates to a pattern of conduct.

# Respondent Admits Responsibility

At any point in the proceedings, if a Respondent elects to admit to the charged violations and waive further process, the Decision-maker is authorized to accept that admission, adopt it as their finding/final determination, and administer sanctions. This would also waive all rights to appeal for the Respondent. If the Respondent rejects the finding/final determination/sanctions, or does not admit to all conduct charged, the Resolution Process continues to its conclusion.

# Investigation

All investigations are adequate, thorough, reliable, impartial, prompt, and fair. They involve interviews with all relevant Parties and witnesses, obtaining relevant evidence, and identifying sources of expert information, as necessary.

After an interview, Parties and witnesses will be asked to verify the accuracy of the recording, transcript, or summary of their interview. They may submit changes, edits, or clarifications. If the Parties or witnesses do not respond within the time period designated for verification, objections to the accuracy of the recording, transcript, or summary will be deemed to have been waived, and no changes will be permitted.

The Recipient may consolidate Complaints against more than one Respondent, or by more than one Complainant against one or more Respondents, when the allegations arise from the same facts or circumstances or implicate a pattern, collusion, and/or other shared or similar actions.

The Investigator(s) typically take(s) the following steps, if not already completed and not necessarily in this order:

* Determine the identity and contact information of the Complainant.
* Identify all policies implicated by the alleged misconduct and notify the Complainant and Respondent of all specific policies implicated.
* Assist the Administrator, if needed, with conducting a prompt initial evaluation to determine if the allegations indicate a potential Policy violation.
* Work with the Administrator, as necessary, to prepare the initial Notice of Investigation and Allegations (NOIA). The NOIA may be amended with any additional or dismissed allegations.
* Commence a thorough, reliable, and impartial investigation by identifying issues and developing a strategic investigation plan, including a witness list, evidence list, intended investigation timeframe, and order of interviews for the Parties and witnesses.
* When participation of a party is expected, provide that party with written notification of the date, time, and location of the meeting, as well as the expected participants and purpose.
* Make good faith efforts to notify each party of any meeting or interview involving another party, in advance when possible.
* Interview the Complainant and the Respondent and conduct follow-up interviews with each, as necessary.
* Interview all available, relevant witnesses and conduct follow-up interviews as necessary.
* Provide each interviewed party and witness an opportunity to review and verify the Investigator’s summary notes (or transcript or recording) of the relevant evidence/testimony from their respective interviews and meetings.
* Allow each party the opportunity to suggest witnesses and questions they wish the Investigator(s) to ask of another party and/or witnesses. Document in the investigation report which questions were asked, with a rationale for any changes or omissions.
* Where possible, complete the investigation promptly and without unreasonable deviation from the intended timeline.
* Provide the Parties with regular status updates throughout the investigation.
* Prior to the conclusion of the investigation, provide the Parties and their respective Advisors with a list of witnesses whose information will be used to render a finding.
* Ask the Parties to provide a list of questions they would like asked of the other party or any witnesses. The Investigator will ask those questions deemed relevant, and for any question deemed not relevant, will provide a rationale for not asking the question.
* Write a draft investigation report that gathers, assesses, and synthesizes the evidence, accurately summarizes the investigation, and party and witness interviews, and provides all relevant evidence.
* Provide the Parties and their respective Advisors an electronic copy of the draft investigation report as well as an opportunity to inspect and review all relevant evidence obtained as part of the investigation for a review and comment period of ten (10) business days so that each party may meaningfully respond to the evidence. The Parties may elect to waive all or part of the review period.
* The Investigator may share the investigation report with the Administrator and/or legal counsel for their review and feedback.

# Administrative Resolution Process

The Administrative Resolution Process is used for all Complaints of discrimination on the basis of protected characteristics, harassment, retaliation, and Other Prohibited Behaviors (as defined in Policy) or when Informal Resolution is either not elected or is unsuccessful.

The Administrative Resolution Process consists of a hand-off of the investigation report and all relevant evidence to the Decision-maker to make a finding and determine sanctions (if applicable).

At the discretion of Administrator, the assigned Decision-maker will be an individual or a panel drawn from the Resolution Process Pool, or other trained individuals either internal or external to the institution.[[31]](#footnote-32) Once the Decision-maker receives and reviews the file, they can recommend dismissal to the Administrator, if they believe the grounds are met.

The Administrative Resolution Process typically takes approximately thirty (30) business days to complete, beginning with the Decision-maker’s receipt of the Draft Investigation Report. The Parties will be updated regularly on the timing and any significant deviation from this typical timeline.

Investigator-led Questioning Meetings

* The Administrator provides the Draft Investigation Report to the Decision-maker and the Parties simultaneously for review. The Decision-maker can then provide the Investigator with a list of relevant questions to ask the Parties or any witnesses.
	+ To the extent credibility is in dispute and relevant to one or more of the allegations, the questions provided by the Decision-maker may also explore credibility.
* The Investigator will also ask each of the Parties to provide a proposed list of questions to ask the other Parties and any witnesses.
	+ To the extent credibility is in dispute and relevant to one or more of the allegations, questions proposed by the Parties may also explore credibility.
	+ All party questions must be posed during this phase of the process and cannot be posed later unless authorized by the Decision-maker.
	+ The Investigator will share all party-proposed questions with the Decision-maker, who will finalize the list with the Investigator to ensure all questions are both relevant and permissible.
* The Investigator will then hold individual meetings with the Parties and witnesses to ask the questions posed by the Decision-maker, as well as the questions proposed by the Parties that have been deemed relevant and not duplicative, including questions intended to assess credibility. These meetings will be recorded and transcribed.
	+ For any question deemed not relevant or duplicative, the Investigator will provide a rationale for not asking the question, either during the recorded meeting, or in writing (typically as an Appendix to the report).
* Typically, within three (3) business days of the last of these meetings, the recordings or transcripts of them will be provided to the Parties for their review. The Parties will then have five (5) business days to review these recordings or transcripts and propose follow-up questions to be asked by the Investigator.
* The Investigator will review the proposed questions with the Decision-maker, to determine relevance and permissibility. If deemed necessary, the Investigator will then meet individually with the Parties or witnesses for whom there are relevant, and not duplicative, follow-up questions. These follow-up meetings will also be recorded, and the Parties will receive the recordings or transcripts of these meetings. This final round of questioning is the last such round permitted, unless leave is granted to extend, by the Decision-maker.
* The Investigator will then incorporate any new, relevant evidence and information obtained through the Parties’ review of the Draft Investigation Report, the questioning, and follow-up meetings into a Final Investigation Report.
* The Investigator will also respond in writing (typically within the Final Investigation Report) to the relevant elements of the Parties’ responses to the Draft Investigation Report and incorporate relevant elements of the Parties’ written responses, additional relevant evidence, and any necessary revisions into the Final Investigation Report.
* The Investigator will then share the investigation report with the Administrator and/or legal counsel for their review and feedback.
* The Final Investigation Report and investigation file will then be provided to the Administrator.

The Decision-maker’s Determination

* The Administrator will provide the Decision-maker with the Final Investigation Report and investigation file, including the evidence and information obtained through the Investigator-led Questioning meetings.
* The Decision-maker will review the FIR, all appendices, and the investigation file.
* If the record is incomplete, the Decision-maker may direct a re-opening of the investigation, or may direct or conduct any additional inquiry necessary, including informally meeting with the Parties or any witnesses, if needed.
* Upon reviewing the relevant evidence, the Decision-maker may also choose to pose additional questions:
	+ To the extent credibility is in dispute and relevant to one or more of the allegations, the Decision-maker may meet individually with the Parties and witnesses to question them in order to assess their credibility. These meetings will be recorded and shared with the Parties.
	+ At their discretion, the Decision-maker may also meet with any party or witness to ask additional relevant questions that will aid the Decision-maker in making their findings. These meetings will be recorded and shared with the Parties.
* The Decision-maker will then apply the [preponderance of the evidence standard] to make a determination on each of the allegations and, if applicable, any attendant sanctions.
* **Timeline.** The Decision-maker’s determination process typically takes approximately ten (10) business days, but this timeframe can vary based on a number of factors and variables, The Parties will be notified of any delays.
* **Impact Statements**. Prior to a determination, the Administrator will also provide the Parties an opportunity to submit a written impact and/or mitigation statement. The Administrator will review these statements upon receipt to determine whether there are any immediate needs, issues, or concerns, but will otherwise hold them until after the Decision-maker has made determinations on the allegations. If there are any findings of a Policy violation, the Decision-maker will request the Impact Statements from the Administrator and review them prior to determining sanctions. They will also be exchanged between the Parties at that time.
* If it is later determined that a party or witness intentionally provided false or misleading information, that action could be grounds for re-opening a Resolution Process at any time, and/or referring that information to another process for resolution.

# Sanctions

Factors considered by the Decision-maker when determining sanctions and responsive actions may include, but are not limited to:

* The nature, severity of, and circumstances surrounding the violation(s)
* The Respondent’s disciplinary history
* The need for sanctions/responsive actions to bring an end to the discrimination, harassment, and/or retaliation
* The need for sanctions/responsive actions to prevent the future recurrence of discrimination, harassment, and/or retaliation
* The need to remedy the effects of the discrimination, harassment, and/or retaliation on the Complainant and the community
* The impact on the Parties
* Any other information deemed relevant by the Decision-maker(s)

The sanctions will be implemented as soon as it is feasible once a determination is final, either upon the outcome of any appeal or the expiration of the window to appeal, without an appeal being requested.

The sanctions described in this Policy are not exclusive of, and may be in addition to, other actions taken, or sanctions imposed, by external authorities.

## Student Sanctions[[32]](#footnote-33)

The following are the common sanctions that may be imposed upon students singly or in combination:

* *Reprimand*: A formal statement that the conduct was unacceptable and a warning that further violation of any Recipient Policy, procedure, or directive will result in more severe sanctions/responsive actions.
* *Required Counseling*: A mandate to meet with and engage in either Recipient-sponsored or external counseling to better comprehend the misconduct and its effects.
* *Restrictions*: A student may be restricted in their activities, including, but not limited to, being restricted from locations, programs, participation in certain activities or extracurriculars, study abroad, or from holding leadership in student organizations.
* *Probation*: An official sanction for violation of institutional Policy, providing for more severe disciplinary sanctions in the event that the student is found in violation of any institutional Policy, procedure, or directive within a specified period of time. Terms of the probation will be articulated and may include denial of specified social privileges, exclusion from co-curricular activities, exclusion from designated areas of campus, no-contact orders, and/or other measures deemed appropriate.
* *Suspension*: Separation from the institution, or one or more of its facilities, for a definite period of time, typically not to exceed two years, after which the student is eligible to return. Eligibility may be contingent upon satisfaction of specific conditions noted at the time of suspension, on successfully applying for readmission, or upon a general condition that the student is eligible to return if the institution determines it is appropriate to re-enroll/readmit the student. The student is typically required to vacate institutional property within 24 hours of notification of the action, though this deadline may be extended at the discretion of the Administrator or other appropriate official. During an institution-wide suspension, the student is banned from institutional property, functions, events, and activities unless they receive prior written approval from an appropriate institutional official. This sanction may be enforced with a trespass action, as necessary. [This sanction may be noted as a Disciplinary Suspension on the student’s official academic transcript, per institutional policy and/or state law.]
* *Expulsion*: Permanent separation from the institution. The student is banned from institutional property, and the student’s presence at any institution-sponsored activity or event is prohibited. This action may be enforced with a trespass action, as necessary. [This sanction may be noted as Disciplinary Expulsion on the student’s official academic transcript, per institutional policy and/or state law.]
* *Withholding Diploma*: The Recipient may withhold a student’s diploma for a specified period of time and/or deny a student participation in commencement activities as a sanction if the student is found responsible for violating Policy.
* *Revocation of Degree*: While very rarely employed, the Recipient reserves the right to revoke a degree previously awarded from the Recipient for fraud, misrepresentation, and/or other violation of Recipient policies, procedures, or directives in obtaining the degree, or for other serious violations committed by a student prior to graduation.
* *Other Actions*: In addition to, or in place of, the above sanctions, the Recipient may assign any other sanctions as deemed appropriate.

## Student Group and Organization Sanctions[[33]](#footnote-34)

The following are the common sanctions that may be imposed upon student organizations singly or in combination:

* *Warning*: A formal statement that the conduct was unacceptable and a warning that further violation of any Recipient Policy, procedure, or directive will result in more severe sanctions/responsive actions.
* *Probation*: An official sanction for violation of institutional Policy, providing for more severe disciplinary sanctions in the event that the group or organization is found in violation of any institutional Policy, procedure, or directive within a specified period of time. Terms of the probation will be articulated and may include denial of specified social and event privileges, denial of Recipient funds, ineligibility for honors and awards, restrictions on new member recruitment, no-contact orders, and/or other measures deemed appropriate.
* *Suspension*: Termination of student group or organization recognition and/or institutional support for a definite period of time not to exceed two years and/or until specific criteria are met. During the suspension period, a student group or organization may not conduct any formal or informal business or participate in Recipient-related activities, whether they occur on- or off-campus. Re-recognition is possible but not guaranteed and will only be considered after the end of the suspension period and based on meeting all re-recognition criteria and obtaining clearance from the Recipient.
* *Expulsion*: Permanent termination of student group organization recognition and revocation of the privilege to congregate and conduct business on campus as an organization for any reason.
* *Loss of Privileges*: Restricted from accessing specific Recipient privileges for a specified period of time.
* *Other Actions*: In addition to or in place of the above sanctions, the Recipient may assign any other sanctions as deemed appropriate.

## Employee Sanctions/Responsive/Corrective Actions

Responsive actions for an employee who has engaged in harassment, discrimination, and/or retaliation include:

* *Verbal or Written Warning*
* *Performance Improvement Plan/Management Process*
* *Enhanced Supervision, Observation, or Review*
* *Required Counseling*
* *Required Training or Education*
* *Probation*
* *Denial of Pay Increase/Pay Grade*
* *Loss of Oversight or Supervisory Responsibility*
* *Demotion*
* *Transfer*
* *Shift or schedule adjustments*
* *Reassignment*
* *Delay of (or referral for delay of) Tenure Track Progress*
* *Assignment to New Supervisor*
* *Restriction of Stipends, Research, and/or Professional Development Resources*
* *Suspension/Administrative Leave with Pay*
* *Suspension/Administrative Leave without Pay*
* *Termination*
* *Other Actions*: In addition to or in place of the above sanctions/responsive actions, the Recipient may assign any other responsive actions as deemed appropriate.

# Notice of Outcome

Within ten (10) business days of the conclusion of the Resolution Process, the Administrator provides the Parties with a written outcome notification. The outcome notification will specify the finding for each alleged Policy violation, any applicable sanctions that the Recipient is permitted to share pursuant to state or federal law, and a detailed rationale, written by the Decision-maker, supporting the findings to the extent the Recipient is permitted to share under federal or state law.

The notification will also detail the Parties’ equal rights to appeal, the grounds for appeal, the steps to take to request an appeal, and when the determination is considered final if neither party appeals.

The Administrator will provide the Parties with the outcome notification simultaneously, or without significant time delay between notifications. The written outcome notification may be delivered by one or more of the following methods: in person, mailed to the local or permanent address of the Parties as indicated in official Recipient records, or emailed to the Parties’ Recipient-issued or designated email account. Once mailed, emailed, and/or received in person, the outcome notification is presumptively delivered.

# Withdrawal or Resignation Before Complaint Resolution

## Students

Should a student Respondent decide not to participate in the Resolution Process, the process proceeds absent their participation to a reasonable resolution. If a student Respondent withdraws from the Recipient, the Resolution Process may continue, or Administrator may exercise their discretion to dismiss the Complaint. If the Complaint is dismissed, Recipient will still provide reasonable supportive or remedial measures as deemed necessary to address safety and/or remedy any ongoing effects of the alleged harassment, discrimination, and/or retaliation.

Regardless of whether the Complaint is dismissed or pursued to completion of the Resolution Process, Recipient will continue to address and remedy any systemic issues or concerns that may have contributed to the alleged violation(s), and any ongoing effects of the alleged discrimination, harassment, and/or retaliation.

When a student withdraws or leaves while the process is pending, the student may not return to the Recipient in any capacity until the Complaint is resolved and any sanctions imposed are satisfied. If the student indicates they will not return, the Administrator has discretion to dismiss the Complaint. The Registrar and Office of Admissions will be notified, accordingly.

If the student Respondent takes a leave for a specified period of time (e.g., one semester or term), the Resolution Process may continue remotely. If found in violation, that student is not permitted to return to Recipient unless and until all sanctions, if any, have been satisfied.

## Employees

Should an employee Respondent decide not to participate in the Resolution Process, the process proceeds absent their participation to a reasonable resolution. If an employee Respondent withdraws from the Recipient with unresolved allegations pending, the Resolution Process may continue, or Administrator may exercise their discretion to dismiss the Complaint. If the Complaint is dismissed, the Recipient may still provide reasonable supportive or remedial measures as deemed necessary to address safety and/or remedy any ongoing effects of the alleged discrimination, harassment, and/or retaliation.

When an employee resigns and the Complaint is dismissed, the employee may not return to the Recipient in any capacity. Human resources, the registrar, and admissions will be notified, accordingly, and a note will be placed in the employee’s file that they resigned with allegations pending and are not eligible for academic admission or rehire with the Recipient. The records retained by the Administrator will reflect that status.

# Appeal of the Determination

The Administrator will designate a three-member Appeal Panel, or a single Appeal Decision-maker chosen from the Pool, or other trained internal or external individuals, to hear the appeal. No Appeal Decision-maker(s) will have been previously involved in the Resolution Process for the Complaint, including in any supportive measure or dismissal appeal that may have been heard earlier in the process. If a panel is used, a voting Chair of the Appeal Panel will be designated by the Administrator.

## Appeal Grounds

Appeals are limited to the following grounds:

1. A procedural irregularity that would change the outcome
2. New evidence that would change the outcome and that was not reasonably available at the time the determination regarding responsibility or dismissal was made
3. The Administrator, Investigator(s), or Decision-maker(s) had a conflict of interest or bias for or against Complainants or Respondents generally or the specific Complainant or Respondent that would change the outcome
4. The final determination by the Decision-maker is substantially contrary to the weight of the evidence in the record (applicable to sanctions of suspension, expulsion, or termination, only)
5. The sanctions fall outside the range of sanctions designated for this offense, considering the cumulative conduct/disciplinary record of the Respondent (applicable to sanctions of suspension, expulsion, or termination, only)

## Request for Appeal

Any party may submit a written request for appeal (“Request for Appeal”) to the Administrator within five (5) business days of the delivery of the Notice of Outcome.

The Request for Appeal will be forwarded to the Appeal Panel or Decision-maker for consideration to determine if the request meets the grounds for appeal (a Review for Standing). This is not a review of the merits of the appeal, but solely a determination as to whether the request could reasonably be construed to meet the grounds and is timely filed.

If the Request for Appeal does not provide information that meets the grounds in this Policy, the request will be denied by the Appeal Panel Chair or Decision-maker, and the Parties and their Advisors will be simultaneously notified in writing of the denial and the rationale.

If any of the grounds in the Request for Appeal meet the grounds in this Policy, then the Appeal Panel Chair or Decision-maker will notify all Parties and their Advisors, the Administrator, and, when appropriate, the Investigator(s) and/or the original Decision-maker.

All other Parties and their Advisors, the Administrator, and, when appropriate, the Investigator(s) and/or the Decision-maker will be provided a copy of the Request for Appeal with the approved grounds and then be given five (5) business days to submit a response to the portion of the appeal that was approved and involves them. The Appeal Panel Chair or Decision-maker will forward all responses, if any, to all Parties for review and comment.

The non-appealing party (if any) may also choose to appeal at this time. If so, that Request for Appeal will be reviewed by the Appeal Panel Chair or Decision-maker to determine if it meets the grounds in this Policy and will either be approved or denied. If approved, it will be forwarded to the party who initially requested an appeal, the Administrator, and the Investigator(s) and/or original Decision-maker, as necessary, who will submit their responses, if any, within five (5) business days. Any such responses will be circulated for review and comment by all Parties. If denied, the Parties will be notified accordingly, in writing.

No party may submit any new Requests for Appeal after this time period. The Appeal Panel Chair or Decision-maker will collect any additional information needed and all documentation regarding the approved appeal grounds, and the subsequent responses will be shared with the Appeal Panel or Decision-maker, who will promptly render a decision.

## Appeal Determination Process

In most cases, appeals are confined to a review of the written documentation or record of the original determination and pertinent documentation regarding the specific appeal grounds. The Appeals Panel or Decision-maker will deliberate as soon as is practicable and discuss the merits of the appeal.

Appeal decisions are to be deferential to the original determination, making changes to the finding only when there is clear error and to the sanction(s)/responsive action(s) only if there is a compelling justification to do so. All decisions are made by majority vote and apply the [preponderance of the evidence **OR** the clear and convincing evidence standard.]

An appeal is not an opportunity for the Appeal Panel or Decision-makers to substitute their judgment for that of the original Decision-maker merely because they disagree with the finding and/or sanction(s).

The Appeal Panel or Decision-maker may consult with the Administrator and/or legal counsel on questions of procedure or rationale, for clarification, if needed. The Administrator will maintain documentation of all such consultation.

## Appeal Outcome

An appeal may be granted or denied. Appeals that are granted should normally be remanded (or partially remanded) to the original Investigator(s) and/or Decision-maker with corrective instructions for reconsideration. In rare circumstances where an error cannot be cured by the original Investigator(s) and/or Decision-maker or the Administrator (as in cases of bias), the Appeal Panel or Decision-maker may order a new investigation and/or a new determination with new Pool members serving in the Investigator and Decision-maker roles.

A Notice of Appeal Outcome letter will be sent to all Parties simultaneously, or without significant time delay between notifications. The Appeal Outcome will specify the finding on each ground for appeal, any specific instructions for remand or reconsideration, any sanction(s) that may result which the Recipient is permitted to share according to federal or state law, and the rationale supporting the essential findings to the extent the Recipient is permitted to share under federal or state law.

Written notification may be delivered by one or more of the following methods: in person, mailed to the local or permanent address of the Parties as indicated in official institutional records, or emailed to the Parties’ Recipient-issued email or otherwise approved account. Once mailed, emailed, and/or received in person, the Appeal Outcome will be presumptively delivered.

Once an appeal is decided, the outcome is final and constitutes the Final Determination; further appeals are not permitted, even if a decision or sanction is changed on remand (except in the case of a new determination). When appeals result in no change to the finding or sanction, that decision is final. When an appeal results in a new finding or sanction, that finding or sanction can be appealed one final time on the grounds listed above and in accordance with these procedures.

If a remand results in a new determination that is different from the appealed determination, that new determination can be appealed, once, on any of the five available appeal grounds.

## Sanction Status During the Appeal

Any sanctions imposed as a result of the determination are stayed (i.e., not implemented) during the appeal process, and supportive measures may be maintained or reinstated until the appeal determination is made.

If any of the sanctions are to be implemented immediately post-determination, but pre-appeal, then the emergency removal procedures (detailed above) for a “show cause” meeting on the justification for doing so must be permitted within two (2) business days of implementation.

# Long-Term Remedies/Other Actions

Following the conclusion of the Resolution Process, and in addition to any sanctions implemented or Informal Resolution terms, the Administrator may implement additional long-term remedies or actions with respect to the Parties and/or the Recipient community that are intended to stop the discrimination, harassment, and/or retaliation, remedy the effects, and prevent recurrence.

These remedies/actions may include, but are not limited to:

* Referral to counseling and health services
* Referral to the Employee Assistance Program
* Course and registration adjustments, such as retroactive withdrawals
* Education to the individual and/or the community
* Permanent alteration of housing assignments
* Permanent alteration of work arrangements for employees
* Provision of campus safety escorts
* Climate surveys
* Policy modification and/or training
* Provision of transportation assistance
* Implementation of long-term contact limitations between the Parties
* Implementation of adjustments to academic deadlines, course schedules, etc.

At the discretion of the Administrator, certain long-term supportive measures may also be provided to the Parties even if no Policy violation is found.

When no Policy violation is found, the Administrator will address any remedies the Recipient owes the Respondent to ensure no effective denial of educational access.

The Recipient will maintain the confidentiality of any long-term remedies/actions/measures, provided confidentiality does not impair the Recipient’s ability to provide these services.

# Failure to Comply with Sanctions, Responsive Actions, and/or Informal Resolution Terms

All Respondents are expected to comply with the assigned sanctions, responsive actions, corrective actions, and/or Informal Resolution terms within the timeframe specified by the final Decision-maker(s), including the Appeal Panel or Decision-maker or the Informal Resolution agreement.

Failure to abide by the sanction(s)/action(s) imposed by the date specified, whether by refusal, neglect, or any other reason, may result in additional sanction(s)/action(s), including suspension, expulsion, and/or termination from the Recipient.

Supervisors are expected to enforce the completion of sanctions/responsive actions for their employees.

A suspension imposed for non-compliance with sanctions will only be lifted when compliance is achieved to the Administrator’s satisfaction.

# Recordkeeping

For a period of at least seven (7) years following the conclusion of the Resolution Process, Recipient will maintain records of:

1. Each discrimination, harassment, and retaliation resolution process, including any Final Determination regarding responsibility or appeal, and any audio or audiovisual recording or transcript required under federal regulation
2. Any disciplinary sanctions imposed on the Respondent
3. Any supportive measures provided to the Parties and any remedies provided to the Complainant or the community designed to restore or preserve equal access to the Recipient’s education program or activity
4. Any appeal and the result therefrom
5. Any Informal Resolution and the result therefrom
6. All materials used to provide training to the Administrator, Title IX Coordinator and designees, Investigators, Decision-makers, Appeal Decision-makers, Informal Resolution Facilitator, and any person who is responsible for implementing the Recipient’s Resolution Process, or who has the authority to modify or terminate supportive measures. Recipient will make these training materials available for review upon request.
7. All materials used to train all employees consistent with the requirements in the Title IX Regulations.

Recipient will also maintain any and all records in accordance with state and federal laws.[[34]](#footnote-35)

# Accommodations and Support During the Resolution Process

Disability Accommodations

Recipient is committed to providing reasonable accommodations and support to qualified students, employees, or others with disabilities to ensure equal access to the Recipient’s Resolution Process.

Anyone needing such accommodations or support should contact the Administrator, who will work with disability support colleagues as appropriate to review the request and, in consultation with the person requesting the accommodation, determine which accommodations are appropriate and necessary for full process participation.

Other Support

Recipient will also address reasonable requests for support for the Parties and witnesses, including:

* Language services/Interpreters
* Access and training regarding use of technology throughout the Resolution Process
* Other support as deemed reasonable and necessary to facilitate participation in the Resolution Process

# Revision of these Procedures

These procedures succeed any previous procedures addressing discrimination, harassment, and retaliation for incidents occurring on or after August 1, 2024. The Administrator will regularly review and update these procedures. The Recipient reserves the right to make changes to this document as necessary, and once those changes are posted online, they are in effect.

If governing laws or regulations change, or court decisions alter, the requirements in a way that impacts this document, this document will be construed to comply with the most recent governing laws or regulations or court holdings.

This document does not create legally enforceable protections beyond the protections of the background state and federal laws that frame such policies and codes, generally.

These procedures are effective <<date>>.

# APPENDIX A: DEFINITIONS

The following definitions apply to the <<Nondiscrimination Policies and Procedures>>:

* ***Advisor.*** Any person chosen by a party, or appointed by the institution, who may accompany the party to all meetings related to the Resolution Process and advise the party on that process.
* ***Administrator.*** The person with primary responsibility for overseeing and enforcing the <<Nondiscrimination Policy and Procedures>>. As used in these policies and procedures, the “Administrator” also includes their designee(s).
* ***Appeal Decision-maker.*** The person or panel who accepts or rejects a submitted appeal request, determines whether any of the grounds for appeal are met, and directs responsive action(s), accordingly.
* ***Complainant.***A student or employee who is alleged to have been subjected to conduct that could constitute discrimination, harassment, or retaliation under the Policy; or a person other than a student or employee who is alleged to have been subjected to conduct that could constitute discrimination or harassment or under the Policy and who was participating or attempting to participate in the Recipient’s education program or activity at the time of the alleged discrimination, harassment or retaliation.
* ***Complaint.*** An oral or written request to the Recipient that can objectively be understood as a request for the Recipient to investigate and make a determination about the alleged Policy violation(s).
* ***Confidential Employee.***
	+ An employee whose communications are privileged or confidential under federal or state law. The employee’s confidential status, for purposes of this definition, is only with respect to information received while the employee is functioning within the scope of their duties to which privilege or confidentiality applies; or
	+ An employee whom the Recipient has designated as confidential under this Policy for the purpose of providing services to persons related to discrimination, harassment, or retaliation. If the employee also has a duty not associated with providing those services, the employee’s confidential status only applies with respect to information received about discrimination, harassment, or retaliation in connection with providing those services; or
	+ An employee who is conducting an Institutional Review Board-approved human-subjects research study designed to gather information about discrimination, harassment, or retaliation. The employee’s confidential status only applies with respect to information received while conducting the study.
* ***Day.*** A business day when the Recipient is in normal operation. All references in the Policy to days refer to business days unless specifically noted as calendar days.
* ***Decision-maker.*** The person or panel who hears evidence, determines relevance, and makes the Final Determination of whether Policy has been violated and/or assigns sanctions.
* ***Education Program or Activity.*** Locations, events, or circumstances where the Recipient exercises substantial control over the context in which the discrimination, harassment, and/or retaliation occurs and also includes any building owned or controlled by a student organization that the Recipient officially recognizes.
* ***Employee.*** A person employed by Recipient either full- or part-time, including student employees when acting within the scope of their employment.
* ***Final Determination*.** A conclusion by the standard of proof that the alleged conduct did or did not violate Policy.
* ***Finding.*** A conclusion by the standard of proof that the conduct did or did not occur as alleged (as in a “finding of fact”).
* ***Informal Resolution.*** A resolution agreed to by the Parties and approved by the Administrator that occurs prior to a Final Determination in the Resolution Process.
* ***Investigation Report.*** The Investigator’s summary of all relevant evidence gathered during the investigation. Variations include the Draft Investigation Report and the Final Investigation Report.
* ***Investigator.*** The person(s) authorized by Recipient to gather facts about an alleged violation of this Policy, assess relevance and credibility, synthesize the evidence, and compile this information into an Investigation Report.
* ***Knowledge.*** When Recipient receives Notice of conduct that reasonably may constitute harassment, discrimination, or retaliation in its Education Program or Activity.
* ***Mandated Reporter.*** A Recipient employee who is obligated by Policy to share Knowledge, Notice, and/or reports of discrimination, harassment, and/or retaliation with the Administrator.[[35]](#footnote-36),[[36]](#footnote-37)
* ***Nondiscrimination Team*.** The Administrator, any deputy coordinators, and any member of the [Resolution Process Pool](#Grievance_Process_Pool_Def).
* ***Notice.*** When an employee, student, or third party informs the Administrator of the alleged occurrence of discriminatory, harassing, and/or retaliatory conduct.
* ***Parties.*** The Complainant(s) and Respondent(s), collectively.
* ***Pregnancy or Related Conditions.*** Pregnancy, childbirth, termination of pregnancy, or lactation, medical conditions related thereto, or recovery therefrom.
* ***Protected Characteristic*.** Any characteristic for which a person is afforded protection against discrimination and harassment by law or Recipient Policy.
* ***Relevant Evidence.*** Evidence that may aid a Decision-maker in determining whether the alleged discrimination, harassment, or retaliation occurred, or in determining the credibility of the Parties or witnesses.
* ***Remedies.*** Typically, post-resolution actions directed to the Complainant and/or the community as mechanisms to address safety, prevent recurrence, and restore or preserve equal access to the Recipient’s Education Program and Activity.
* ***Resolution Process.*** The investigation and resolution of allegations of prohibited conduct under this Policy, including Informal Resolution, Administrative Resolution, and/or Hearing Resolution.
* ***Respondent.*** A person who is alleged to have engaged in conduct that could constitute discrimination based on a protected characteristic, harassment, or retaliation for engaging in a protected activity under this Policy.
* ***Sanction.*** A consequence imposed on a Respondent who is found to have violated this Policy.
* ***Sex.*** Sex assigned at birth, sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and gender identity.
* ***Student.*** Any person who has gained admission.
* ***Title IX Coordinator***. At least one official designated by the Recipient to ensure ultimate oversight of compliance with Title IX and the Recipient’s Title IX program. References to the Coordinator throughout the Policy may also encompass a designee of the Coordinator for specific tasks.

# APPENDIX B: HEARING RESOLUTION PROCESS

The Hearing Resolution Process provided in this appendix is for post-secondary institutions that are required to use or choose to offer a live hearing resolution option. To adopt this section, replace [Procedural Section 22](#ProceduralSection22), above, with the text below.

**Insert in Place of Section 22 – Hearing Resolution Process**

# Live Hearing Requirements

The following provisions apply to a live hearing:

* **Hearing Venue Options and Recordings.** The live hearing may occur in person or via video technology. The Decision-maker and Parties must be able to simultaneously see and hear a party or witness while that person is speaking. Both options are considered fair and equitable. Alternative arrangements may also be made at the Administrator’s discretion.
	+ The Parties may make a request to the Administrator that the hearing occur in person or via video technology, but they must do so at least three (3) business days prior to the hearing. The Administrator retains discretion to determine whether the hearing will occur in person or via video technology.
	+ All hearings will be recorded, and Parties may request a copy of the recording from the Administrator following the live hearing.
	+ No unauthorized recordings are permitted.
* **Hearing Participants.** Persons who may be present for a hearing include the Decision-maker(s), hearing facilitator, Investigator(s), the Parties and their Advisors, anyone providing authorized accommodations, interpretation, and/or assistive services, and anyone else deemed necessary by the Decision-maker. Witnesses are present only during their portion of the testimony.
* **Advisors.** The Parties may have the assistance of an Advisor of their choosing at the hearing or can request that the Recipient appoint a trained Advisor for them. Appointed Advisors are not attorneys. If a party wishes to have an attorney as their Advisor, they must locate and pay for that attorney themselves. [If a party decides not to have an Advisor, they will forfeit the option of asking questions at the hearing].[[37]](#footnote-38)
	+ During the pre-hearing meeting and live hearing, Parties may only be accompanied by their Advisor. No other persons (e.g., additional support persons, advisors, friends, family) may accompany, attend, or listen in on the hearing unless explicitly authorized by the Administrator, with each party being provided the same opportunity.
	+ Parties and Advisors are permitted to have their phones and a laptop or tablet, but these should only be used during the hearing in a matter consistent with Policy.
	+ [During the hearing, all questions that a party wishes to ask must be posed by the Advisor, not the Parties. **OR**
	+ All questions during the hearing will be asked by the Decision-maker. Parties and Advisors may suggest questions to be posed by the Decision-maker during the pre-hearing meetings or by submission of written questions during the hearing. The method of submitting questions to the Decision-maker will be specified by the Decision-maker during the pre-hearing meetings.]
	+ [If the party does not have an Advisor, the Administrator will provide the party with an Advisor for the purpose of Advisor-conducted questioning.]
* **Impact Statements.** Each party may submit an impact and/or mitigation statement to the Administrator that the Decision-maker will review during any sanction determination.
	+ Upon receipt of an impact and/or mitigation statement, the Administrator will review the impact/mitigation statement to determine whether any immediate needs exist.
	+ The Administrator will only provide the impact statements to the Decision-maker if the Decision-maker determines that the Policy has been violated. When the Administrator shares the impact statements with the Decision-maker, they will also be shared with the Parties.
* **Disability Accommodations and Other Assistance**. Parties should contact the Administrator at least three (3) business days prior to the hearing to arrange any disability accommodations, language assistance, and/or interpretation services that may be needed at the hearing, if possible.
* **Conflicts of Interest or Bias.** The Decision-maker must not have a bias for or against complainants or respondents generally or the individual Complainant or Respondent in particular.
	+ The Decision-maker must recuse themselves if such bias or conflict of interest exists.
	+ If the Decision-maker believes there is possible conflict of interest or bias, they will consult with the Administrator about possible recusal or removal.
	+ The Parties may raise challenges that the Decision-maker is biased or has a conflict of interest. The Parties must raise challenges with the Administrator within two (2) business days of receiving the hearing notice.
	+ The Administrator will only remove and replace a Decision-maker in situations of demonstrated bias or conflicts of interest. Perceptions of bias or conflict are not sufficient to cause removal.
	+ If a Decision-maker recuses themselves as the result of a conflict of interest or bias, or is removed, the Administrator will promptly appoint a new Decision-maker who does not have a conflict of interest or bias and notify the Parties accordingly.
* **Evidence Provided to Decision-maker and Parties.**
	+ The Decision-maker will be provided electronic copies of the Final Investigation Report and all relevant but not impermissible evidence, including the names of all Parties, witnesses, and Advisors, at least seven (7) business days in advance of the hearing.
	+ The Parties will be provided with electronic copies of all the materials provided to the Decision-maker as part of the hearing notice, unless those materials have already been provided.[[38]](#footnote-39)

# Hearing Notice

The Administrator will send the Parties a Notice of Hearing with sufficient time for the Parties to prepare for the hearing, typically at least seven (7) business days prior to the hearing. Once mailed, emailed, and/or received in-person, notice will be presumptively delivered. The hearing notice includes:

* + A description of the alleged violation(s), a list of all policies allegedly violated, a description of the applicable hearing procedures, and a statement of the potential sanctions/responsive actions that could result.
	+ The time, date, and location of the hearing.
	+ A description of any technology that will be used to facilitate the hearing.
	+ Relevant information regarding hearing logistics, pre-hearing meetings, the Final Investigation Report, the Parties and witnesses participating in the hearing, the identity of the Decision-maker, details related to questioning, the role of Advisors, impact/mitigation statements, and how to request disability accommodations or other assistance.

# Witness Participation

Student witnesses are encouraged to participate in, and make themselves reasonably available for, the hearing. Employee witnesses are expected to participate in, and make themselves reasonably available for, the hearing. Witnesses may participate in-person or via video technology that allows the Decision-maker and the Parties to see and hear the witness while that person is speaking. Witnesses are not permitted to be accompanied by an advisor without express permission of the Administrator. At the discretion of the Decision-maker, a witness may join by phone if no other reasonable alternative is available.

If any party or witness does not appear at the scheduled hearing, the hearing may be held in their absence. For compelling reasons, the Administrator may reschedule the hearing.

Hearings for possible violations that occur near or after the end of an academic term (assuming the Respondent is still subject to this Policy) and are unable to be resolved prior to the end of term will typically be held immediately after the end of the term, including during the summer, as needed, to meet the Recipient’s resolution timeline and ensure a prompt resolution. Employees, including Parties and witnesses, who do not have 12-month contracts are still expected to participate in Resolution Processes that occur during months between contracts.

The Administrator will notify all witnesses of their requested participation in the hearing at least five (5) business days prior to the hearing. Witnesses will be present for the hearing only during their testimony.

Any witness scheduled to participate in the hearing must have been first interviewed by the Investigator(s), unless:

* + All Parties and the Decision-maker assent to the new witness’s participation in the hearing without remanding the complaint back to the investigator, and
	+ The Decision-maker deems the evidence presented by the new witness to be relevant, not impermissible, and not information already established in the record, and
	+ The witness’s late involvement was not the result of bad faith by the witness, the Parties, or others.

If the above criteria are not met, but the witness’s evidence is deemed relevant, not impermissible, and not duplicative, the Decision-maker may, at their discretion, engage in any of the following actions:

* + Delay the hearing.
	+ Provide the Parties at least five (5) business days to review the relevant portions of the new witness’s statements, if such statements are submitted.
	+ Remand the Complaint back to the Investigator for further investigation or verification.
	+ Allow the Parties to review and comment on the testimony of the new witness.

If the evidence is deemed not relevant or impermissible, the Decision-maker may proceed with the hearing absent the new witness’s participation.

# Pre-Hearing Meetings

The Decision-maker will offer to convene a pre-hearing meeting(s) with the Parties and their Advisors and invite them to submit the questions or topics they wish to ask or discuss at the hearing. This allows the Decision-maker to consider their relevance ahead of time to avoid any improper evidentiary introduction in the hearing or to provide recommendations for more appropriate phrasing.

However, this advance review opportunity does not preclude the Parties from submitting a question at the hearing for the first time or asking for a reconsideration on a Decision-maker’s pre-hearing decision based on any new information or testimony offered at the hearing. The Decision-maker will document and share their rationale for any evidence or question exclusion or inclusion, if any, at a pre-hearing meeting with each party.

The Decision-maker will work with the Parties to finalize a witness list for the hearing, and the Administrator will notify any witnesses of the hearing’s logistics. The Decision-maker, **only** with the agreement of all Parties, may decide in advance of the hearing that certain witnesses do not need to be present if their testimony can be adequately summarized by the Investigator(s) in the Final Investigation Report or during the hearing, and their presence is not essential to assess their credibility.

Pre-hearing meeting(s) will not be recorded. The pre-hearing meetings will typically be conducted as separate meetings with each party/Advisor, and can be done remotely, or as a written communication exchange. The Decision-maker will work with the Parties to establish the format and timing of the meetings and will circulate a summary of any rulings made to ensure all Parties and Advisors are aware.

# Hearing Procedures

## Evidentiary Considerations

The Parties must provide all evidence to the Investigator(s) prior to completing the Final Investigation Report. Evidence offered after that time will be evaluated by the Decision-maker for relevance. If deemed relevant and not impermissible, the Parties and Decision-maker must agree to admit it into the record. If the evidence is deemed not relevant or impermissible, the Decision-maker may proceed with the hearing absent the new evidence.

The new relevant evidence will be admitted to the record if:

* + All Parties and the Decision-maker assent to the new evidence being included in the hearing without remanding the Complaint back to the investigator, and
	+ The evidence is not duplicative of evidence already in the record, and
	+ It is not impermissible, and
	+ The new evidence was either not reasonably available prior to the conclusion of the Final Investigation Report, or the failure to provide it in a timely manner was not the result of bad faith by the Parties, witnesses, or others.

If the above criteria are not met, but the evidence is deemed materially relevant and not duplicative, the Decision-maker may, at their discretion, engage in any of the following actions:

* + Delay the hearing.
	+ Provide the Parties with at least five (5) business days to review the relevant evidence.
	+ Remand the Complaint back to the Investigator for further investigation or analysis.
	+ Allow the Parties to review and comment on the new evidence.

If the evidence is deemed not relevant or impermissible, the Decision-maker may proceed with the hearing without allowing the new evidence.

## Collateral Misconduct

TheDecision-maker has the authority to hear and make determinations on all allegations of discrimination, harassment, retaliation, and Other Prohibited Behavior under the Policy and may also hear and make determinations on any additional alleged collateral misconduct that occurred in concert with the discrimination, harassment, retaliation, or Other Prohibited Behavior, even though those collateral allegations may not specifically fall within the Policy.

## Joint Hearings

In Complaints involving more than one Respondent and/or involving more than one Complainant accusing the same person of substantially similar conduct, the default procedure will be to hear the allegations jointly.

However, the Administrator may permit the investigation and/or hearings pertinent to each Respondent or Complaint to be conducted separately if there is a compelling reason to do so. In joint hearings, separate determinations of responsibility will be made for each Respondent and/or for each Complaint with respect to each alleged Policy violation.

## Introductions and Hearing Procedure Explanation

The Decision-maker will explain the hearing procedures and introduce the participants. The Decision-maker will answer any procedural questions prior to and as they arise throughout the hearing.

## Investigator Presentation of Final Investigation Report

The Investigator(s) will present a summary of the Final Investigation Report, including a review of the facts that are contested and those that are not. The Investigator may be questioned first by the Decision-maker and then by the Parties. The Investigator may attend the duration of the hearing or be excused after their testimony at the Decision-maker’s discretion.

## Testimony and Questioning

The Parties and witnesses may provide relevant information in turn, beginning with the Complainant’s opening statement, then the Respondent’s, and then questioning in the order determined by the Decision-maker. The Decision-maker will facilitate questioning of the Parties and witnesses first by the Decision-maker and then by the Parties through the Decision-maker **OR** through their Advisors.

All questions must be directed toward and asked through the Decision-maker and are subject to a relevance determination before they are asked. The Decision-maker will determine the method by which the Parties will submit their questions to the Decision-maker for their review and, if approved, to be posed. Questions that the Parties wish to have posed can be questions for that party themselves, another party, or witnesses.

The Decision-maker will explain any decision to exclude a question as not relevant, or to reframe it for relevance.

The Decision-maker will limit or disallow questions they deem not appropriate on the basis that they are irrelevant, unduly repetitious (and thus irrelevant), seek or pertain to impermissible evidence, or are abusive. The Decision-maker has final say on all questions and determinations of relevance and appropriateness. The Decision-maker may consult with legal counsel on any questions of admissibility.

The Decision-maker then poses the questions deemed relevant, not impermissible, and appropriate to the party and/or witness.

If the Parties raise an issue of bias or conflict of interest of an Investigator or Decision-maker at the hearing, the Decision-maker may elect to address those issues, consult with legal counsel, refer them to the Administrator, and/or preserve them for appeal. If bias is not an issue at the hearing, the Decision-maker should not permit irrelevant questions that probe for Investigator bias.

The Decision-maker will allow witnesses who have relevant and not impermissible information to appear at a portion of the hearing to respond to specific questions from the Decision-maker and the Parties, and the witnesses will then be excused.

## Refusal to Submit to Questioning and Inferences

Any party or student witness may choose not to offer evidence and/or answer questions at the hearing, either because they do not attend the hearing, or because they attend but refuse to participate in some or all questioning. Employee witnesses are required to participate in the hearing if they are reasonably available. The Decision-maker can only rely on the available relevant and not impermissible evidence in making the ultimate determination of responsibility. The Decision-maker may not draw any inference **solely** from a party’s or witness’s absence from the hearing or refusal to answer any or all questions.

An Advisor may not be called as a witness at a hearing to testify to what their advisee has told them during their role as an Advisor unless the party being advised consents to that information being shared.

## Hearing Recordings

The Recipient records hearings (but not deliberations) for purposes of review in the event of an appeal. No unauthorized audio or video recording of any kind is permitted during the hearing.

The Decision-maker, the Parties, their Advisors, Appeal Decision-makers, and other appropriate Recipient officials will be permitted to review the recording or review a transcript of the recording upon request to the Administrator. No unauthorized disclosure, including sharing, copying, or distribution of the recording or transcript, is permitted.

# Deliberation and Determination

After closing statements from the Parties, the Decision-maker will deliberate in closed session to determine whether the Respondent is responsible for the alleged Policy violation(s) based on the standard of proof. If a panel is used, a simple majority vote is required to determine the finding. Deliberations are not recorded.

When there is a finding of responsibility for one or more of the allegations, the Decision-maker may then consider any previously submitted impact and/or mitigation statement(s) provided by the Parties in determining appropriate sanction(s). The Administrator will ensure that any submitted statements are exchanged between the Parties if they are viewed by the Decision-maker. Impact/mitigation statements do not influence the finding, they only potentially influence the sanctions.

The Decision-maker will then prepare and provide the Administrator with a written outcome letter detailing all findings and final determinations, the rationale(s) explaining the decision(s), the relevant and not impermissible evidence used in support of the determination(s), the evidence not relied upon in the determination(s), any credibility assessments, and any sanction(s) and rationales explaining the sanction(s).

This statement is usually five to fifteen (5-15) pages in length and is typically submitted to the Administrator within ten (10) business days from the conclusion of the hearing, unless the Administrator grants an extension. The Administrator will notify the Parties of any extension.

# APPENDIX C: ATIXA’S INFORMAL RESOLUTION (IR) FRAMEWORK[[39]](#footnote-40)

ATIXA has framed an Informal Resolution (IR) process that includes four options:

1. **Supportive Resolution**. When the Administrator can resolve the matter informally by providing supportive measures (only) to remedy the situation.
2. **Educational Conversation**. When the Administrator can resolve the matter informally by having a conversation with the Respondent to discuss the Complainant’s concerns and institutional expectations. (The Complainant can be involved in this conversation if they wish.)
3. **Accepted Responsibility**. When the Respondent accepts responsibility for violating Policy and accepts the recommended sanction(s), and the Complainant(s) and Recipient are agreeable to the resolution.
4. **Alternative Resolution**. When the Parties agree to resolve the matter through an alternative resolution mechanism, such as shuttle negotiation, restorative practices, facilitated dialogue, etc., as described below.

Alternative resolution approaches are likely to be used more often by post-secondary institutions. ATIXA does not endorse these approaches as better or worse than other formal or informal approaches.

ATIXA believes that for an IR approach to be effective in addressing discrimination, harassment, and/or retaliation, it needs to be carefully and thoughtfully designed and executed and be facilitated by well-trained personnel who take the necessary time to prepare and lay a foundation for success. Although no approach is a panacea, the framework below can help to lay that foundation, regardless of which approach(es) are used.

Here are the principles to be considered in supporting various approaches to Informal Resolution:

* IR can be applied in any discrimination, harassment, retaliation, or Other Prohibited Behavior complaint but may not be appropriate or advisable in all matters involving serious violence.
* Situations involving dangerous patterns or significant ongoing threat to the community should generally not be resolved by IR, unless a Respondent is accepting responsibility.
* The Administrator has the authority to determine whether to permit an IR-based resolution, in line with any applicable federal or state requirements.
* Any party can withdraw from the IR process at any time before an agreement is reached.
* An IR Facilitator can also end an IR process early at their discretion.
* IR can be attempted before and in lieu of formal resolution as a diversionary resolution.
* Alternative approaches can inform formal resolution, as in a formal resolution model infused with restorative practices.
* IR-based processes could follow a Final Determination at the Parties’ request.
* Alternative Resolution approaches to IR must be facilitated by the Recipient or a third party. There may be value in creating clearly agreed-upon ground rules, which the Parties must agree to abide by in advance, otherwise the Informal Resolution process may be deemed to have failed.
* Technology-facilitated IR is possible, should the Parties be unable or unwilling to meet in person.
* If IR fails, a Resolution Process can take place thereafter. Evidence elicited within the “safe space” of the IR facilitation could be later admissible in the Resolution Process unless all Parties and the Administrator determine it should not be. This will be clearly explained as a term of the decision to engage in the IR process.
* With situations involving violence or sensitive details, the preferred alternative approach typically involves a minimal number of essential Parties. It is not a restorative circle approach with many constituents, in order to ensure privacy.
* Some approaches require acceptance of accountability (this could be more than an acknowledgment of harm). A full admission by the Respondent is not a prerequisite. This willingness needs to be vetted carefully in advance by the Administrator before determining that an incident is amenable/appropriate for resolution by IR.
* IR is intended to provide space for information exchange and connection, if desired, by the Parties. This may include supporting a dialogue to allow each party to express their experience of events or a process resulting in an accord or agreement between the Parties (e.g., Complainant, Respondent, Recipient), which is summarized in writing and enforced by the Recipient. This can be a primary goal of the process.
* IR can result in the Parties’ voluntary imposition of safety measures, remedies, and/or agreed-upon terms that the Recipient can enforce. These can be part of the agreement.
* IR can result in the voluntary acceptance of “sanctions,” meaning that a Respondent could agree to withdraw or resign, self-suspend (by taking a leave of absence), or undertake other restrictions/transfers/online course options that would help to ensure the Complainant’s safety/educational or employment access in lieu of formal sanctions that would create a disciplinary record for the Respondent. These should be enforceable by the Recipient as part of the agreement, as may be terms of mutual release, non-disparagement, and/or non-disclosure.
* Although a non-disclosure agreement (NDA) could result from IR, it must be mutually agreed upon by the Parties and not coerced, as verified by the Administrator.
* Institutions must develop clear rules for managing/facilitating alternative resolution approaches to ensure they are civil, age-appropriate, culturally competent, reflective of an effort to neutralize power imbalances, and maximize the potential for the IR process to result in the Parties’ understanding, restoration, remedy, etc.
* IR agreements may only be written to be binding on the Parties. They cannot include requirements or restrictions for persons or groups who are not a party to the Informal Resolution.

# APPENDIX D: STATEMENT OF THE PARTIES’ RIGHTS

**Under this Policy and procedures, the Parties have the right to:**

* An equitable investigation and resolution of all credible allegations of prohibited discrimination, harassment, retaliation, and Other Prohibited Behaviors, when reported in good faith to Recipient officials.
* Timely written notice of all alleged violations, including the identity of the Parties involved (if known), the specific misconduct being alleged, the date and location of the alleged misconduct (if known), the implicated Policies and procedures, and possible sanctions.
* Timely written notice of any material adjustments to the allegations (e.g., additional incidents or allegations, additional Complainants) by updating the Notice of Investigation and Allegation(s) (NOIA) as needed to clarify potentially implicated Policy violations.
* Be informed in advance of any Recipient public release of information regarding the allegation(s) or underlying incident(s), whenever possible.
* Have all personally identifiable information protected from the Recipient’s release to the public without consent, except to the extent permitted by law.
* Be treated with respect by Recipient officials.
* Have Recipient Policy and these procedures followed without material deviation.
* Voluntarily agree to resolve allegations under this Policy through Informal Resolution without Recipient pressure, if Informal Resolution is approved by the Administrator.
* Not be discouraged by Recipient officials from reporting discrimination, harassment, retaliation, and Other Prohibited Behavior to both on-campus and off-campus authorities.
* Be informed of options to notify proper law enforcement authorities, including on-campus and local police, and the option(s) to be assisted by the Recipient in notifying such authorities, if the party chooses. This also includes the right to not be pressured to report.
* Have allegations of violations of this Policy responded to promptly and with sensitivity by Recipient law enforcement and/or other Recipient officials.
* Be informed of available supportive measures, such as counseling, advocacy, health care, student financial aid, visa and immigration assistance, and/or other services, both on-campus and in the community.
* A Recipient-implemented no-contact order or a no-trespass order against a non-affiliated third party when a person has engaged in or threatens to engage in stalking, threatening, harassing, or other improper conduct.
* Be informed of available assistance in changing academic, living, and/or employment situations after an alleged incident of discrimination, harassment, and/or retaliation, if such changes are reasonably available. No formal report, or investigation, either institutional or criminal, needs to occur for this option to be available. Such actions may include, but are not limited to:
	+ Relocating an on-campus student’s housing to a different on-campus location
	+ Assistance from Recipient staff in completing the relocation
	+ Changing an employee’s work environment (e.g., reporting structure, office/workspace relocation)
	+ Transportation assistance
	+ Visa/immigration assistance
	+ Arranging to dissolve a housing contract and provide a pro-rated refund
	+ Rescheduling or adjusting an exam, paper, and/or assignment
	+ Receiving an incomplete in, or a withdrawal from, a class (may be retroactive)
	+ Transferring class sections
	+ Temporary withdrawal/leave of absence (may be retroactive)
	+ Campus safety escorts
	+ Alternative course completion options
* Have the Recipient maintain supportive measures for as long as necessary and for supportive measures to remain confidential, provided confidentiality does not impair the Recipient’s ability to provide the supportive measures.
* Receive sufficiently advanced written notice of any Recipient meetings or interviews involving another party, when possible.
* Identify and have the Investigator(s) and/or Decision-maker question relevant available witnesses, including expert witnesses.
* Provide the Investigator(s)/Decision-maker with a list of questions that, if deemed relevant and permissible by the Investigator(s)/Decision-maker, may be asked of any party or witness.
* Have Complainant’s inadmissible sexual interests/prior sexual history or any Party’s irrelevant character evidence excluded by the Decision-maker.
* Access the relevant evidence obtained and respond to that evidence.
* A fair opportunity to provide the Investigator(s) with their account of the alleged misconduct and have that account be on the record.
* Receive a copy of all relevant and permissible evidence obtained during the investigation, subject to privacy limitations imposed by federal and state law and be given ten (10) business days to review and comment on the evidence.
* The right to receive a copy of the Final Investigation Report, including all factual, Policy, and/or credibility analyses performed, and to have at least seven (7) business days to review the report prior to the determination.
* Be informed of the names of all witnesses whose information will be used to make a finding, in advance of that finding, when relevant.
* Regular status updates on the investigation and/or Resolution Process.
* Have reports of alleged Policy violations addressed by Resolution Process Pool members who have received relevant annual training as required by law.
* A Decision-making panel that is not single-sex in its composition, if a panel is used.
* Preservation of confidentiality/privacy, to the extent possible and permitted by law.
* Meetings, interviews, and/or hearings that are closed to the public.
* Petition that any Recipient representative in the process be recused on the basis of disqualifying bias and/or conflict of interest.
* Be able to select an Advisor of their choice to accompany and assist the party in all meetings and/or interviews associated with the Resolution Process.
* Apply the appropriate standard of proof, [preponderance of the evidence **OR** clear and convincing evidence], to make a Finding and Final Determination after an objective evaluation of all relevant and permissible evidence.
* Be present, including presence via remote technology, during all testimony given and evidence presented during any hearing.
* Have an impact and/or mitigation statement considered by the Decision-maker following a determination of responsibility for any allegation, but prior to sanctioning.
* Be promptly informed of the Resolution Process finding(s) and sanction(s) (if any) and be given a detailed rationale of the decision (including an explanation of how credibility was assessed) in a written outcome letter delivered to the Parties simultaneously (without undue delay).
* Be informed in writing of when a Recipient decision is considered final and any changes to the Final Determination or sanction(s) that occur post outcome letter delivery.
* Be informed of the opportunity to appeal the Resolution Process finding(s) and sanction(s), and the procedures for doing so in accordance with the Recipient’s grounds for appeal.
* A fundamentally fair resolution as defined in these procedures.

# APPENDIX E: PRIVACY, PRIVILEGE, AND CONFIDENTIALITY

For the purpose of this Policy, the terms privacy, confidentiality, and privilege have distinct meanings.

* **Privacy.** Means that information related to a complaint will be shared with a limited number of Recipient employees who “need to know” in order to assist in providing supportive measures or evaluating, investigating, or resolving the Complaint. All employees who are involved in the Recipient’s response to Notice under this Policy receive specific training and guidance about sharing and safeguarding private information in accordance with federal and state law.
* **Confidentiality.** Exists in the context of laws or professional ethics (including Title IX) that protect certain relationships, including clinical care, mental health providers, and counselors. Confidentiality also applies to those designated by the Recipient as Confidential Employees for purposes of reports under this Policy, regardless of legal or ethical protections. When a Complainant shares information with a Confidential Employee, the Confidential Employee does not need to disclose that information to the Title IX Coordinator. The Confidential Resource will, however, provide the Complainant with the Title IX Coordinator’s contact information, assist the Complainant in reporting, if desired, and provide them with information on how the <<office>> can assist them. With respect to Confidential Employees, information may be disclosed when: (1) the reporting person gives written consent for its disclosure; (2) there is a concern that the person will likely cause serious physical harm to self or others; or (3) the information concerns conduct involving suspected abuse or neglect of a minor under the age of 18, elders, or persons with disabilities. Non-identifiable information may be shared by Confidential Employees for statistical tracking purposes as required by the Clery Act/Violence Against Women Act (VAWA). Other information may be shared as required by law.
* **Privilege.** Exists in the context of laws that protect certain relationships, including attorneys, spouses, and clergy. Privilege is maintained by a provider unless a court orders release or the holder of the privilege (e.g., a client, spouse, parishioner) waives the protections of the privilege. The Recipient treats employees who have the ability to have privileged communications as Confidential Employees.

The Recipient reserves the right to determine which Recipient officials have a legitimate educational interest in being informed about student-related incidents that fall under this Policy, pursuant to FERPA.

Only a small group of officials who need to know will typically be told about the Complaint. Information will be shared as necessary with Investigators, Decision-makers, Appeal Decision-makers, witnesses, the Parties, and the Parties’ Advisors. The circle of people with this knowledge will be kept as tight as possible to preserve the Parties’ rights and privacy, and release is governed by the institution’s unauthorized disclosure policy.

The Recipient may contact students’ parents/guardians to inform them of situations in which there is a significant and articulable health and/or safety risk but will usually consult with the student prior to doing so.

# APPENDIX F: UNETHICAL RELATIONSHIPS MODEL POLICY

**Expectations Regarding Unethical Relationships**[[40]](#footnote-41)

There are inherent risks in any romantic or sexual relationship between persons in unequal positions, such as faculty member-student or supervisor-employee. In reality, these relationships may be less consensual than perceived by the person whose position confers power or authority. Similarly, each of the Parties may view the relationship differently, particularly in retrospect. Circumstances may change, and once welcomed conduct may become unwelcome at some point in the relationship.

Even when the Parties have initially consented to romantic or sexual involvement, the possibility of a later allegation of a relevant Policy violation still exists. The Recipient does not wish to interfere with private choices regarding personal relationships when these relationships do not interfere with the Recipient’s goals and policies. However, for the personal protection of members of this community, relationships in which power differentials are inherent (e.g., faculty-student, staff-student) are generally discouraged. They may also violate standards of professionalism and/or professional ethics.

Consensual romantic or sexual relationships in which one party maintains a direct supervisory or otherwise evaluative role over the other party are inherently problematic. Therefore, persons with direct supervisory or otherwise evaluative responsibilities who are involved in such relationships must promptly inform their supervisor and/or the Administrator. The existence of this type of relationship will likely result in removing the supervisory or evaluative responsibilities from the employee or shifting a party from being supervised or evaluated by someone with whom they have established a consensual relationship. When an applicable relationship existed prior to adoption of this Policy or prior to employment, the duty to notify the appropriate supervisor still pertains.

This type of relationship includes Resident Assistants (RAs) and students for whom the RA has direct responsibility. While no relationships are specifically prohibited by this Policy, failure to timely self-report such relationships to a supervisor as required can result in disciplinary action for an employee. The Administrator will determine whether to refer violations of this provision to <<Human Resources>> for resolution, or to pursue resolution under this Policy, based on the circumstances of the allegation.

# APPENDIX G: VIOLENCE RISK ASSESSMENT (VRA)

Threat assessment is the process of assessing the actionability of violence by a person against another person or group following the issuance of a direct or conditional threat. A **Violence Risk Assessment (VRA)** is a broader term used to assess any potential violence or danger, regardless of the presence of a vague, conditional, or direct threat.

Implementing a VRA requires specific training. It is typically conducted by psychologists, clinical counselors, social workers, case managers, law enforcement officers, student conduct professionals, and/or other Behavioral Intervention Team (BIT) (sometimes known as CARE team) members.

A VRA occurs in collaboration with the BIT, CARE team, and/or threat assessment team and must be understood as an ongoing process, rather than as a single evaluation or meeting. A VRA is not an evaluation for an involuntary behavioral health hospitalization (e.g., 5150 in California, Section XII in Massachusetts, Baker Act in Florida), nor is it a psychological or mental health assessment.

A VRA assesses the risk of actionable violence, often with a focus on targeted/predatory escalations. It is supported by research from law enforcement, criminology, human resources, and psychology.

When conducting a VRA, the assessor(s) use(s) an evidence-based process consisting of:

1. An appraisal of **risk factors** that escalate the potential for violence.
2. A determination of stabilizing influences, or **protective factors**, that reduce the risk of violence.
3. A contextual **analysis of violence risk** by considering environmental circumstances, hopelessness, and suicidality; catalyst events; nature and actionability of the threat; fixation and focus on target; grievance collection; and action and time imperative for violence.
4. The application of **intervention and management** approaches to reduce the risk of violence.

To assess a person’s level of violence risk, the Administrator will initiate the VRA process through the <<Team>>. The <<Team>> will assign a trained person(s) to perform the assessment, according to the specific nature of the complaint.

The assessor(s) will follow the process for conducting a VRA as outlined in the <<Team>> manual and will rely on a consistent, research-based, reliable system that allows for the evaluation of the risk levels.

Some examples of formalized approaches to the VRA process include The NABITA Risk Rubric,[[41]](#footnote-42) The Structured Interview for Violence Risk Assessment (SIVRA-35),[[42]](#footnote-43) Violence Risk Assessment of the Written Word (VRAWW),[[43]](#footnote-44) Workplace Assessment of Violence Risk (WAVR-21),[[44]](#footnote-45) Historical Clinical Risk Management (HCR-20),[[45]](#footnote-46) and MOSAIC.[[46]](#footnote-47)

The VRA is conducted independently from the Resolution Process, informed by it, but free from outcome pressure. The person(s) conducting the assessment will be trained to mitigate any bias and provide the analysis and findings in a fair and equitable manner.

The <<Team>> member(s) conducts a VRA process and makes a recommendation to the Administrator as to whether the VRA indicates there is a substantial, compelling, and/or immediate risk to the health and/or safety of a person or the community.

In some circumstances, the Administrator may determine that a VRA should be conducted by the << Team>> as part of the initial evaluation of a Complaint under this Policy. A VRA can aid in critical and/or required determinations, including:

1. Whether to remove the Respondent on an emergency basis because of an immediate threat to a person or the community’s health/safety (Emergency Removal)
2. Whether the Administrator should pursue/sign a Complaint absent a willing/able Complainant
3. Whether the scope of an investigation should include an incident, and/or pattern of misconduct, and/or climate of discrimination or harassment
4. To help identify potential predatory conduct
5. To help assess/identify grooming behaviors
6. Whether it is reasonable to try to resolve a Complaint through Informal Resolution, and if so, what approach may be most successful
7. Whether to permit the Respondent to voluntarily withdraw
8. Whether to impose transcript notation or communicate with a transfer institution about a Respondent
9. Assessment of appropriate sanctions/remedies (to be applied post-determination)
10. Whether a Clery Act Timely Warning/Trespass order/Persona Non Grata is needed

A compelling risk to health and/or safety may result from evidence of patterns of misconduct, predatory conduct, threats, abuse of minors, use of weapons, and/or violence. Institutions may be compelled to act on alleged employee misconduct irrespective of a Complainant’s wishes.

# APPENDIX H: TITLE IX POLICY STATEMENT SAMPLE TEMPLATE

Recipient adheres to all federal, state, and local civil rights laws prohibiting discrimination and harassment in employment and education. The Recipient does not discriminate in its admissions practices, employment practices, or educational programs or activities on the basis of sex, except as may be permitted by law. As a recipient of federal financial assistance for education activities, Recipient is required by Title IX of the Education Amendments of 1972 (Title IX) to ensure that all of its education programs and activities do not discriminate on the basis of sex. Sex includes sex, sex stereotypes, sex characteristics, gender identity, sexual orientation, and pregnancy or related conditions. Sex discrimination is prohibited under Title IX and by Recipient Policy, and it includes sex-based harassment, sexual assault, dating and domestic violence, stalking, quid pro quo harassment, hostile environment harassment, disparate treatment, and disparate impact.

Recipient also prohibits retaliation against any person opposing discrimination or harassment or participating in any internal or external investigation or complaint process related to allegations of sex discrimination.

Any Recipient faculty member, employee, or student who acts to deny, deprive, or limit the educational, employment, residential, or social access, opportunities, and/or benefits of any member of the Recipient community on the basis of sex is in violation of the <<Policy>>.

Any person may report sex discrimination (whether or not the person reporting is alleged to have experienced the conduct) in person, by mail, by telephone, by video, or by email, using the contact information listed for the Administrator (below). A report may be made at any time (including during non-business hours) by contacting the <<office>>.

Questions regarding Title IX, including its application and/or concerns about noncompliance, should be directed to the Title IX Coordinator. For a complete copy of the Policy or more information, please visit <<link>> or contact the Title IX Coordinator.

***For sex-based allegations:***

<<Name>>

<<Title>>

<<Office>>

<<Physical Location>>

<<Postal Mail Address>>

<<Phone Number>>

<<Email Address>>

<<Website>>

A person may also file a complaint with the appropriate federal, state, or local agency within the time frame required by law. Depending upon the nature of the complaint, the appropriate agency may be the U.S. Department of Education Office for Civil Rights (OCR), the Department of Justice, and/or another appropriate federal or state agency.

* **[OCR District/Field Office or appropriate office for each applicable agency]**
* **Assistant Secretary for Civil Rights
Office for Civil Rights, National Headquarters**U.S. Department of Education

Lyndon Baines Johnson Dept. of Education Building

400 Maryland Avenue, SW

Washington, DC 20202-1100

Telephone: 800-421-3481

Fax: 202-453-6012; TDD: 800-877-8339

Email: OCR@ed.gov

Within any Resolution Process related to this Policy, Recipient provides reasonable accommodations to persons with disabilities and religious accommodations, when that accommodation is consistent with federal and state law.

Short/Blurb Format:

Recipient does not discriminate in its employment practices or in its educational programs or activities on the basis of sex.[[47]](#footnote-48) Recipient also prohibits retaliation against any person opposing discrimination or participating in any internal or external discrimination investigation or complaint process. Reports of misconduct, questions regarding Title IX, and concerns about noncompliance should be directed to the Title IX Coordinator. For a complete copy of the Policy or for more information, please contact the Title IX Coordinator at <<link>> or address any complaints to the Assistant Secretary of Education within the U.S. Department of Education Office for Civil Rights (OCR).

# APPENDIX I: ATIXA RECORD MAINTENANCE AND ACCESS MODEL POLICY

**Policy Scope**

This Policy covers records maintained in any medium that are created pursuant to the Recipient’s <<Policy>> and/or the regular business of the Recipient’s <<office>>. All such records are considered private or confidential by the <<office>>, in accordance with FERPA and the directive from the Department of Education to maintain the confidentiality of records related to discrimination, harassment, and retaliation. These records may be shared internally with those who have a legitimate educational interest and will be shared with the Parties to a Complaint under applicable federal and/or state law. The <<office>> controls the dissemination and sharing of any records under its control.

**Types of Records Covered Under this Policy**

Records pertaining to the <<Policy>> include, but are not limited to:

* The Complaint
* NOIAs
* Documentation of notice to the institution, including incident reports
* Anonymous reports later linked to a specific incident involving known Parties
* Any documentation supporting the initial evaluation
* Investigation-related evidence (e.g., physical and documentary evidence collected and interview transcripts)
* Dismissal-related documentation and appeals
* Documentation related to Emergency Removals, leaves, and interim actions and challenges
* Documentation related to the Resolution Process
* The Final Investigation Report and file
* Remedy-related documentation
* Supportive measures-related documentation
* Appeal-related documentation
* Informal Resolution records
* Outcome Notices
* Any other records typically maintained by the Recipient as part of the Complaint file

**Drafts and Working Files:** Preliminary drafts and “working files” are not considered records that the Recipient must maintain, and these are typically destroyed during the course of an investigation or at the conclusion of the Resolution Process. They are preliminary versions of records and other documents that do not state a final position on the subject matter reviewed or are not considered to be in final form by their author and/or the Administrator. An example of a “working file” would be the Investigator’s notes made during an interview on topics that they want to revisit in subsequent interviews. Sole possession records maintained as such in accordance with FERPA are also included in this category. All drafts of investigation reports shared with the Parties are maintained.

**Attorney Work-Product:** Communications from the <<office>> or its designees with the Recipient’s legal counsel may be work product protected by attorney-client privilege. These privileged communications are not considered records to be maintained by the <<office>> or accessible under this Policy unless the Administrator, in consultation with legal counsel as necessary, determines that these communications should be included as accessible records.

**Record Storage**

Records may be created and maintained in different media formats; this Policy applies to all records, irrespective of format. All records created pursuant to the Policy, as defined above, must be stored in digital format and maintained by <<office>>. The complete file must be transferred to the <<office>>, typically within fourteen (14) business days of the complaint resolution (including any appeal), if the file is not already maintained within the <<office>>. Security protocols must be in place to preserve the integrity and privacy of any parts of any record that are maintained in the <<office>> during the pendency of an investigation.

The <<office>> will store all records created pursuant to the Policy, regardless of the identities of the Parties. Any extra (non-essential) copies of the records (both digital and paper) must be destroyed.

A copy of records showing compliance with any applicable Clery Act/Violence Against Women Act (VAWA) requirements will be maintained along with the Complaint file by the <<office>>.

**Title IX Training Materials**

Recipient will also maintain copies of the slides or other materials from all Title IX training for the Resolution Process Pool members, the <<Nondiscrimination Team>>, and employees. Trainings occurring prior to August 1, 2024, are posted online at <<link>>, and trainings occurring after August 1, 2024, are available for review upon request to the Administrator.

**Record Retention**

All records created and maintained pursuant to the Policy will be retained by the <<office>> for a minimum of seven (7) years in database, digital, and/or paper form. Except for records pertaining to Title IX and the Clery Act/VAWA, the Administrator may authorize destruction or expungement acting under their own discretion, or in accordance with a duly executed and binding claim settlement and/or by court or government order.

**Record Access**

Access to records created pursuant to the Policy or housed in the <<office>> is strictly limited to the Administrator and any person they authorize in writing, at their discretion, or via permission levels within the database. Those who are granted broad access to the <<office>> records are expected to access only those pertinent to their scope, work, or specific assignment. Anyone who accesses such records without proper authorization may be subject to an investigation and possible discipline/sanction. The discipline/sanction for unauthorized access of records covered by this Policy will be at the discretion of the appropriate disciplinary authority, consistent with other relevant Recipient policies and procedures.

Student Parties may request access to their complaint file. The Recipient will provide access or a copy within 45 days of the request. Appropriate redactions of personally identifiable information may be made before inspection, or any copy is shared.

During the investigation, materials may be shared with the Parties using secure file transmission software. The <<office>> will watermark any such file with the watermark identifying the role of the person in the process (e.g., Complainant, Respondent, Decision-maker; Complainant’s Advisor) before sharing.

Recipient will maintain an access log of each case file, showing when and by whom it was accessed and for what purpose.

**[Record Expungement]**

<<applicable expungement provisions>>

**Record Security**

The Administrator is expected to maintain appropriate security practices for all records, including password protection, lock and key, and other barriers to access as appropriate. Record security should include protection from floods, fire, and other potential emergencies. Clothing, forensic, and other physical evidence should be securely stored in the <<office>> or another appropriate secure location. All physical evidence will be maintained in a facility that is reasonably protected from flood and fire. A catalog of all physical evidence will be retained with the Complaint file.

## APPENDIX J: TRAINING FOR MEMBERS OF THE RESOLUTION PROCESS POOL

Resolution Process Pool members receive annual training related to their respective roles. This training may include, but is not limited to:

* The scope of the Recipient’s <<Policy>>
* The Recipient’s Resolution Process
* How to conduct investigations and hearings that protect the safety of Complainants and Respondents, and promote accountability
* Implicit bias and confirmation bias
* Treating Parties equitably
* Disparate treatment
* Disparate impact
* Reporting, confidentiality, and privacy requirements
* Applicable laws, regulations, and federal regulatory guidance
* How to implement appropriate and situation-specific remedies
* How to investigate in a thorough, reliable, timely, and impartial manner
* Trauma-informed practices pertaining to investigations and resolution processes
* How to uphold fairness, equity, and due process
* How to weigh evidence
* How to conduct questioning
* How to assess credibility
* Impartiality and objectivity
* How to render findings and generate clear, concise, evidence-based rationales
* The definitions of all prohibited conduct
* How to conduct an investigation and grievance process, including administrative resolutions, hearings, appeals, and Informal Resolution Processes
* How to serve impartially by avoiding prejudgment of the facts at issue, conflicts of interest, and bias against Respondents and/or for Complainants, and on the basis of sex, race, religion, and other protected characteristics
* Any technology to be used at a live hearing
* Issues of relevance of questions and evidence
* Issues of relevance and creating an investigation report that fairly summarizes relevant and not impermissible evidence
* How to determine appropriate sanctions in reference to all forms of harassment, discrimination, and/or retaliation allegations
* Recordkeeping

**Additional Training Elements Specific to Title IX**

All investigators, Decision-makers, and other persons who are responsible for implementing Recipient’s Title IX policies and procedures will receive training related to their duties under Title IX promptly upon hiring or change of position that alters their duties under Title IX or this part, and annually thereafter. Materials will not rely on sex stereotypes. Training topics include, but are not limited to:

* How to conduct a sex discrimination resolution process consistent with the Nondiscrimination Procedures, including issues of disparate treatment, disparate impact, sex-based harassment, quid pro quo, hostile environment harassment, and retaliation
* The meaning and application of the term “relevant” in relation to questions and evidence, and the types of evidence that are impermissible regardless of relevance under the Title IX Regulations
* Training for Informal Resolution facilitators on the rules and practices associated with Recipient’s Informal Resolution process
* The role of the Title IX Coordinator
* Supportive Measures
* Clery Act/VAWA requirements applicable to Title IX
* Recipient’s obligations under Title IX
* How to apply definitions used by the Recipient with respect to consent (or the absence or negation of consent) consistently, impartially, and in accordance with Policy
* Reasonable modifications and specific actions to prevent discrimination and ensure equal access for pregnancy or related conditions
* Any other training deemed necessary to comply with Title IX

# ATIXA’s One Policy, One Procedure (1P1P) ModelCustomization and Implementation Guide

Institutions will need to make a number of policy and procedure decisions prior to drafting their customized version of ATIXA’s One Policy, One Procedure (1P1P) Model. Below is a brief guide to customizing 1P1P accordingly.

Practitioners need to understand each formatting cue provided throughout the 1P1P Model Policy Template.

**[Brackets]** – All text offered in [brackets] throughout the Model Policy is **optional** language. The institution must determine whether to keep, cut, or modify this language.

**<<Insertion Arrows>>** – Insertion arrows indicate that the policy writer(s) must insert their own information, such as links or team member names, in place of the arrows and text within.

* *Example:* Template Text: Submit an online report at <<link>>.
* *Example:* Customized Text: Submit an online report at https://www.report.atixa.edu.

**Gray Highlight** – All gray highlighted text must be customized by the institution or deleted if not needed. Please pay particular attention to highlighted text that includes “**OR**,” which requires the institution to select **one** of the presented options.

**Recipient** – The word “Recipient” is a placeholder for your institution’s full name, abbreviated name (“PSU”), or University/College/Institute/etc., depending upon the text.

* *Example:* Template Text: Recipient values and upholds the equal dignity of all members of its community and strives to balance the rights of the Parties in the Resolution Process during what is often a difficult time for all involved.
* *Example:* Customized Text Option 1: ATIXA University values and upholds the equal dignity of all members of its community and strives to balance the rights of the Parties in the solution Process during what is often a difficult time for all involved.
* *Example:* Customized Text Option 2: The University values and upholds the equal dignity of all members of its community and strives to balance the rights of the Parties in the solution Process during what is often a difficult time for all involved.

**Administrator** – The word “Administrator” is a placeholder for the appropriateinstitutional official responsible for a specific task. ATIXA recommends using the title of the role (e.g., Title IX Coordinator, VP of Institutional Equity) rather than a specific name unless otherwise noted.

**Black Footnotes** – ATIXA recommends keeping these footnotes in the final policy.

**Blue Footnotes** – ATIXA has included these footnotes for the policy writer(s), and they should be removed from the final policy.

**Timelines** – ATIXA has chosen timelines for the process, but if you would like to make adjustments, you may do so by searching for the word “business” in the document, which will show you all business day timelines.

**Internal Links** – ATIXA uses internal document links to help end-users easily move from one section to another. Some institutions will choose to keep the internal links, while others will remove them. Additional internal links may also be added at the institution’s discretion.

**Updates to this Policy** – ATIXA has expedited the delivery of this 1P1P Model Policy Template to its members but expects that future litigation, clarifications from OCR, and changes to state law may cause the need for future edits and revisions. ATIXA will name each updated version accordingly to distinguish it from previous versions (the first is 1.0, then 2.0, etc.) Each time an updated version is released, members will be notified and expected to update their P&P accordingly. ATIXA will track changes with each version to show what has changed from the previous version. The former model 1P2P had five iterations in four years, and although it is unknown how many will be needed this time, practitioners should expect at least several. ATIXA recognizes how difficult it can be to get P&P approved and apologizes for the inconvenience, but it is inevitable and unavoidable when the government re-regulates.

**ATIXA’s P&P Builder** – Coming soon, ATIXA Super Members can access the P&P Builder tool. ATIXA Individual and Institutional Members can upgrade membership levels to secure access. Members with access can log into My ATIXA, where they will be prompted to answer approximately 80 questions. ATIXA recommends previewing the questions and preparing answers ahead of time for a smooth start to the customization process. Based on the responses, a tailored version of 1P1P will be generated and ready for implementation at the practitioner’s institution. Customization typically takes about two to three hours, resulting in a state-of-the-art template for presentation to stakeholders. Here are some helpful tips for using the tool:

* The P&P Builder saves your completed work, so if you want to adopt version 2.0 once released, you don’t have to answer the 80 questions again. The tool will apply your answers to each updated version, and it will only prompt you to answer questions that are specific to the newest version.
* Preview the customized model before downloading it and make any changes with the P&P Builder. That way, the changes will carry over to your future iterations.
* Multiple administrators from the same institution can log in and work on the document or answer questions, if you want them to be able to do so.
* If you don’t know an answer, you can save your work, determine the answer, and come back and complete the Q&A later. You can also skip questions, but you will need to come back at some point to revise, as those customizations will not be made unless each question is answered.

1. Recipients must clearly identify their Title IX Coordinator. [↑](#footnote-ref-2)
2. Consult grant terms and program participation agreements for specific disclosures required. [↑](#footnote-ref-3)
3. EEOC has jurisdiction over Title IX employment claims. ATIXA recommends providing local EEOC office contact information in this section. Please consult: <http://www.eeoc.gov/field/index.cfm> to locate your local office’s contact information. [↑](#footnote-ref-4)
4. By law, religiously affiliated institutions may choose to omit this section. Public institutions should carefully review this section with legal counsel and note than in some jurisdictions using this section as the basis for discipline could run afoul of First Amendment rights or state laws. [↑](#footnote-ref-5)
5. Throughout this Policy, “on the basis of sex” means conduct that is sexual in nature, or that is directed to the Complainant because of his/her/their actual or perceived sex or gender identity. [↑](#footnote-ref-6)
6. This definition set is not taken from the FBI Uniform Crime Reporting (UCR) system verbatim. ATIXA has substituted Complainant for “victim,” has removed references to his/her throughout, and has defined “private body parts.” These are liberties ATIXA thinks are important to take with respect to the federal definitions, but users should consult legal counsel before adopting them. [↑](#footnote-ref-7)
7. This definition of sexual assault does not constitute a chargeable offense under the Policy. It is a description encompassing the six chargeable offenses listed below it. [↑](#footnote-ref-8)
8. For purposes of this Policy, violence is defined as intentionally or recklessly causing the Complainant physical, emotional, or psychological harm. Legitimate use of violence for self-defense is not chargeable under this Policy because the purpose is safety, not harm. Consensual use of violence, such as in kink relationships, would also not meet this definition, in most circumstances. [↑](#footnote-ref-9)
9. For purposes of this definition, “A ‘course of conduct’ requires that there be more than one incident and the conduct must be directed at a specific person. Stalking can occur in person or using technology, and the duration, frequency, and intensity of the conduct should be considered. Stalking tactics can include, but are not limited to watching, following, using tracking devices, monitoring online activity, unwanted contact, property invasion or damage, hacking accounts, threats, violence, sabotage, and attacks. (Federal Register, Vol 89, No. 83, 04/29/2024, p. 33523). Merely annoying conduct, even if repeated, is a nuisance, but is not typically chargeable as stalking. [↑](#footnote-ref-10)
10. Reasonable person is an objective standard meaning a person in the Complainant’s shoes (having similar characteristics/demographics to the Complainant). [↑](#footnote-ref-11)
11. In the context of stalking, a Complainant is not required to obtain medical or other professional treatment and counseling is not required to show substantial emotional distress. [↑](#footnote-ref-12)
12. If there are additional offenses that should be added under state law, they can be added to this section. [↑](#footnote-ref-13)
13. This offense is not classified under Title IX as “Sex-based harassment,” but it is included here in this Policy as a tool to address a wider range of behaviors. [↑](#footnote-ref-14)
14. For Bullying, Hazing, and Endangerment, these offenses can be applied when the conduct is on the basis of protected characteristics, but is not a form of Sex-based Harassment. [↑](#footnote-ref-15)
15. Nothing in this section restricts the ability of the Parties to: obtain and present evidence, including by speaking to witnesses (as long as it does not constitute retaliation under this Policy), consult with their family members, confidential resources, or Advisors; or otherwise prepare for or participate in the Resolution Process. [↑](#footnote-ref-16)
16. The state definition of consent is [ ], which is applicable to criminal prosecutions for sex offenses in <<State>> but may differ from the definition used by the Recipient to address Policy violations. [Included for Clery/Violence Against Women Act (VAWA) Sec. 304 compliance purposes] [↑](#footnote-ref-17)
17. Consent in relationships must also be considered in context. When Parties consent to BDSM (bondage, discipline, sadism, masochism) or other forms of kink, non-consent may be shown by the use of a safe word. Resistance, force, violence, or even saying “no” may be part of the kink and thus consensual. [↑](#footnote-ref-18)
18. 20 U.S.C. 1232g [↑](#footnote-ref-19)
19. 34 C.F.R. § 99 [↑](#footnote-ref-20)
20. VAWA is the Violence Against Women Act, enacted in 1994 and codified in part at 42 U.S.C. sections 13701 through 14040. [↑](#footnote-ref-21)
21. For institutions with grievance processes enabling students and/or employees to challenge Recipient action, it is recommended that discrimination allegations be exempted from that process and replaced with the Resolution Process outlined here. Most existing grievance proceedings are neither equitable (by definition), nor are they sufficiently prompt to satisfy Title IX. Such a change may require negotiation with any affected union. [↑](#footnote-ref-22)
22. Anywhere this procedure indicates “Administrator,” the Recipient may substitute a trained designee. [↑](#footnote-ref-23)
23. Consult with qualified legal counsel on the complex interaction between the regulations and union rights under collective bargaining agreements. [↑](#footnote-ref-24)
24. If circumstances require, the President or Administrator will designate another person to oversee the Resolution Process should an allegation be made about the Administrator or the Administrator be otherwise unavailable, unable to fulfill their duties, or have a conflict of interest. [↑](#footnote-ref-25)
25. See detailed information regarding a Violence Risk Assessment in [Appendix G](#_APPENDIX_G:_VIOLENCE) [↑](#footnote-ref-26)
26. “Available” means the party cannot insist on an Advisor who simply doesn’t have inclination, time, or availability. Also, the Advisor cannot have institutionally conflicting roles, such as being an administrator who has an active role in the matter, or a supervisor who must monitor and implement sanctions. Additionally, choosing an Advisor who is also a witness in the process creates potential for bias and conflicts of interest. A party who chooses an Advisor who is also a witness can anticipate that issues of potential bias will be explored by the Decision-maker(s). [↑](#footnote-ref-27)
27. [Section 20](#Section20) below, there is a description of a process to waive the decision-making step of the Resolution Process if a Respondent decides to admit to violating the charged Policies. That section and this one are similar, but there are meaningful differences. In this section, the Parties must agree to the resolution, and the Respondent in essence self-sanctions as part of the Informal Resolution by agreeing to voluntarily comply with whatever the terms are to which the Parties agree. Section 20, in contrast, is unilateral. Neither the Complainant nor the Administrator determine eligibility. It is simply a waiver of steps in the process by the Respondent, who can admit violations and accept sanctions assigned by the Decision-maker, if they choose to. No Complainant approval is sought or needed. Under Section 20, the outcome involves sanctioning imposed by the Recipient, rather than an agreement to self-sanction, as outlined in this section. [↑](#footnote-ref-28)
28. The Parties may not want discussions that take place within Informal Resolution to be admissible in a later Resolution Process, but essential facts must and do transfer from the informal process to subsequent resolution proceedings. Disclosing something in an informal setting to shield it from formal admissibility is a cynical strategy, so administrators should take care in determining the terms of any assurances of the confidentiality of the Informal Resolution. [↑](#footnote-ref-29)
29. External, trained third-party neutral professionals may also be used to serve in Pool roles. [↑](#footnote-ref-30)
30. This does not preclude the Recipient from having all members of the Pool go through an application and/or interview/selection process. [↑](#footnote-ref-31)
31. The choice of a single Decision-maker or panel should generally be consistent for the same types of Complaints, and not vary Complaint-by-Complaint. [↑](#footnote-ref-32)
32. Recipient policies on transcript notation apply to these proceedings. [↑](#footnote-ref-33)
33. Subject to Recipient’s Organizational Code of Conduct. Organizational sanctions are included here despite the fact that organizations cannot be charged as Respondents under Title IX. However, nothing would prevent a recipient from holding a student organization accountable for Policy violations using the Resolution Processes herein, as long as it was clearly noted that Title IX was not applicable. Often, individuals will be charged for their role in organizational misconduct under Title IX, and the organization would be charged as collateral misconduct to the individual charges, resolved in the same process as those charges. [↑](#footnote-ref-34)
34. A model record maintenance and access policy can be found in [Appendix I](#_APPENDIX_I:_ATIXA). [↑](#footnote-ref-35)
35. Not to be confused with those mandated by state law to report child abuse, elder abuse, and/or abuse of persons with disabilities to appropriate officials, though these responsibilities may overlap with those who have mandated reporting responsibility under this Policy. [↑](#footnote-ref-36)
36. The Administrator designated to receive information from Mandated Reporters may vary depending upon the type of alleged discrimination, harassment, or retaliation (e.g., on the basis of sex, on the basis of race, on the basis of disability). [↑](#footnote-ref-37)
37. Applies only if using an Advisor-led questioning model. [↑](#footnote-ref-38)
38. Hard-copy materials may be provided upon request to the Administrator. The Final Investigation Report and relevant evidence may be shared using electronic means that preclude downloading, forwarding, or otherwise sharing. [↑](#footnote-ref-39)
39. Appendix C is not intended for publication. It is offered as an internal guide for administrators and IR facilitators. [↑](#footnote-ref-40)
40. Appendix F is optional, as some institutions prefer to include this statement elsewhere, such as a faculty handbook or employee manual. We include it here to inform students, not just employees, of our expectations. Regardless, violation of this Policy is a Human Resources/Employee Relations matter and should not be addressed under this Resolution Process unless the elements of the definition of harassment are met. [↑](#footnote-ref-41)
41. <https://www.nabita.org/training/nabita-risk-rubric/> [↑](#footnote-ref-42)
42. <https://www.nabita.org/training/sivra-35/> [↑](#footnote-ref-43)
43. <https://www.nabita.org/training/vraww/> [↑](#footnote-ref-44)
44. [www.wavr21.com](http://www.wavr21.com) [↑](#footnote-ref-45)
45. <http://hcr-20.com> [↑](#footnote-ref-46)
46. [www.mosaicmethod.com](http://www.mosaicmethod.com) [↑](#footnote-ref-47)
47. Insert other protected characteristics/reporting resources if this statement will be used to address discrimination more broadly than Title IX. [↑](#footnote-ref-48)