



NOTICE OF ATTORNEY OR NON-ATTORNEY ADVOCATE REPRESENTATION FOR UNIVERSITY EMPLOYEES

In accordance with Equal Opportunity and Compliance (EOC) Office policies and procedures, any individual who submits a report of a violation under either the University’s *Policy on Prohibited Discrimination, Harassment and Related Misconduct Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking* (PDHRM Policy) or the University’s *Policy on Prohibited Sexual Harassment Under Title IX* (Title IX Policy), or who is the subject of such a report, may be represented at their own expense by an attorney or non-attorney advocate of their choosing. This form should be submitted to the Equal Opportunity and Compliance Office (EOC Office) at least five (5) business days prior to the investigative, administrative, or adjudicative meeting or proceeding that the attorney or non-attorney advocate will attend. A record of this form will be maintained at the EOC Office.

Additionally, current and former University employees must complete and sign a release of information form providing consent for the disclosure of information and University records maintained by the EOC Office under applicable law. The release of information form also should be submitted at least five (5) business days prior to the investigative, administrative, or adjudicative meeting or proceeding that the attorney or non-attorney advocate will attend.

I. Attorney or Non-Attorney Advocate Information:

Name of Individual Represented: _____

Name of Attorney or Non-Attorney Advocate: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Licensed Attorney: Yes _____ No _____

Firm Name (if applicable): _____

II. Certification:

Prior to participating in any meeting or proceeding, the attorney or non-attorney advocate must initial each line applicable to this matter and sign below, indicating that they have read, understood, and agree to comply with each of the documents initialed below.

For matters involving the Policy on Prohibited Discrimination, Harassment and Related Misconduct, Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking (PPDHRM Policy)

_____ [Policy on Prohibited Discrimination, Harassment and Related Misconduct, Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking \(PPDHRM Policy\);](#)

and the PPDHRM Procedures* applicable to this matter, as set out in the Notice of Investigation

_____ [Procedures for Reporting and Responding to Complaints of Discrimination, Harassment, and Related Misconduct Involving a Student as the Responding Party;](#)

_____ [Procedures for Reporting and Responding to Complaints of Discrimination, Harassment, and Related Misconduct Involving a University Employee as the Responding Party; or](#)

_____ [Procedures for Reporting and Responding to Complaints of Discrimination, Harassment, and Related Misconduct Involving a Visitor, Program Participant, Contractor or other Third Party as the Responding Party](#)

**If you are unsure which PPDHRM procedures apply, contact the Report and Response Coordinator or Investigator.*

For matters involving the Policy on Prohibited Sexual Harassment Under Title IX (Title IX Policy)

_____ [Policy on Prohibited Sexual Harassment Under Title IX \(Title IX Policy\); and](#)

_____ [Procedures for Addressing Prohibited Sexual Harassment Under Title IX](#)

For matters involving either Policy, having read the applicable Procedures as noted above, I specifically understand and agree to comply with the following:

_____ A party’s attorney or non-attorney advocate may not delay, disrupt, or otherwise interfere with the Investigation or Adjudication process.

_____ The EOC Office will communicate and correspond directly with the party. It is the party’s responsibility to communicate and share information with the attorney or non-attorney advocate.

By signing below, I acknowledge that I have read and understood the above-listed documents applicable to this matter. I further understand that this is an administrative process and that neither the formal rules of civil procedure nor the rules of evidence apply.

Attorney or Non-Attorney Advocate’s Signature

Date

As the participating individual seeking representation by an attorney or non-attorney advocate, I confirm that I have requested that the above-named individual act as my attorney or non-attorney advocate and I agree to inform the EOC Office, in writing, when the above-named individual no longer represents me as well as if I seek new representation.

Participating Individual’s Signature

Date