Title IX Support Person/Advisor
Obligation Affirmation and Acknowledgement

I. Role of a support person/advisor

- A complainant and respondent have the right to have a support person/advisor accompany him/her/hir/them at all stages of the investigation and resolution process.
- A support person/advisor may not advocate for a party like an attorney would in court. In other words, the support person/advisor does not serve as an advocate or representative of a party and may not be actively involved in any of the proceedings.
- A complainant or respondent may use a different support person/advisor at various stages in the process.
- A support person/advisor must keep confidential the information shared during meetings and throughout the investigation and resolution process.
- In cases involving multiple complainants or respondents, the support person/advisor cannot be another complainant or respondent.
- As needed to protect the integrity of the investigation and resolution process, Grinnell College reserves the right to excuse from any meeting or other proceeding a support person/advisor who is a witness with information about facts material to the complaint.
- The College reserves the right to dismiss a support person/advisor who is disruptive or who does not adhere to the limitations outlined in this form.
- Grinnell College policy prohibits retaliation against any individuals filing a complaint of this nature or participating in the investigation of the complaint. As a support person/advisor you are protected by and subject to this retaliation prohibition. You may not retaliate against any person participating in this process. If you feel you are retaliated against for your participation, please contact the Title IX Coordinator, Angela Voos (voos@grinnell.edu, 641-269-4999, 1121 Park St., Grinnell, IA 50112)

II. Affirmation

- By signing this form, you acknowledge that you have read this form and understand your rights and obligations as a support person/advisor.

____________________________________  ____________________________________
Printed Name       Serving as Support Person/Advisor for

____________________________________
Signature

Date