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## Acceptance of Hearing Panel Members and Participation

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### I. Hearing Panel

Hearing Panel consist of a three-member hearing panel of faculty and staff members as well as a non-voting Hearing Chair. The Office of Equity and Title IX will do its best to diversify each Panel—both in terms of social identities and affiliations within the University. Complainant(s) and respondent(s) will be provided a list of all potential panel members prior to the Hearing Panel and will be given the opportunity to express concern about any potential panel member’s ability to act impartially in hearing their case. Decisions related to panel members’ participation in their hearing will be made by The Office of Equity and Title IX. The Chair may remove any individual who impedes the hearing process. The Chair will act to promote a civil and respectful proceedings.

The Following Hearing Panel members have been identified:

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- Non-Voting Hearing Panel Chair:

Please select one of the following:

\_\_\_\_\_ I ACCEPT the Hearing Panel as identified as above.

\_\_\_\_\_ I DO NOT accept: \_\_\_\_\_ as a Hearing panelist because of their ability to act impartially in hearing of my case. Please Explain: \_\_\_\_\_

### II. Hearing Process

In preparation of the Hearing the complainant(s) and respondent(s) will have the following rights:

- Not participate in or answer any questions during a hearing. Note that the Hearing Panel decisions will be made based on information presented in the Investigation Report and information presented at the Hearing. Please select one of the following:

\_\_\_\_\_ I WILL participate in the Hearing Process.

\_\_\_\_\_ I am requesting an in-person Hearing Process.

\_\_\_\_\_ I am requesting a WebEx virtual Hearing Process.

\_\_\_\_\_ I WILL NOT participate in the Hearing process. With this option you will still be notified of the outcome of the Hearing.

- Have an Advisor present. That Advisor may be an attorney. Please select one of the following:

\_\_\_\_\_ I HAVE identified: \_\_\_\_\_ as my Advisor for the Hearing. Attached to this letter is the [Advisor Agreement](#) form.

\_\_\_\_\_ I NEED the University to assign me an Advisor for the Hearing.

- Audio or video accommodations will be made such that complainant(s) and respondent(s) do not have to be in the presence of the other. Please select one of the following:

\_\_\_\_\_ I WILL NEED audio or video accommodations for the Hearing.

\_\_\_\_\_ I WILL NOT NEED audio or video accommodations for the Hearing. I agree to being in the presences of the other party throughout the entire Hearing process.

### III. Selection

I acknowledge that I have been provided with information about the Hearing Panel Selection and understand my rights in a Hearing process.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date