

# Request to stop the Title IX Grievance Process

I, \_\_\_\_\_, request on the date of signing this document for a stop to the grievance process initiated by my filing of a formal complaint under the Title IX Grievance process. I understand that as I am filing this request and/or withdrawing my complaint that the process shall be halted; unless the Title IX Coordinator deems the complaint so severe, pervasive, and objectively offensive that the process must continue. I understand that this right is absolutely at my sole discretion and I attest that I am making this request of my own free will and desires, free from undue influence, threats, coercion, or promises.

I understand that my initiating statement regarding the sexual misconduct, incident, treatment, harassment, and/or discrimination based on my sex, gender identity that has led to this complaint shall be maintained in the closed file along with all relevant forms, transcripts, and evidence so far collected. I understand that this file will be maintained for a period of seven years from this date.

I understand that at any point in time I may seek to restore this process only so long as I am participating in or attempting to participate in an educational program or activity of Alverno College at the time I request the process be restored.

\_\_\_ I have met with, or

\_\_\_ I agree to meet with the Title IX Coordinator or Deputy Coordinator to discuss this matter.

Complainant:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title IX Coordinator/Deputy Coordinator

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CC: Case File

This document must be signed in the presence of the Title IX Coordinator or Deputy Coordinator.