

Checklist for Parties regarding Aurora University Sexual Misconduct and Interpersonal Violence Policy

_____ I have been given the Aurora University **Policy Against Sexual Misconduct and Interpersonal Violence, including Sex Discrimination, Sexual Misconduct, Sexual Harassment, Sexual Violence, Sexual Exploitation, Interpersonal Violence, Domestic Violence, Dating Violence and Stalking** and have been offered the opportunity to ask any questions or have any part of the policy and procedures further explained to me. The policy and the investigation and resolution procedures, and related information can also be found at <http://www.aurora.edu/about/reports-policies/sexual-misconduct/index.html#axzz4NQs9wGgC>.

_____ I understand that Aurora University will provide me with **information regarding counseling, health, mental health, advocacy legal assistance, visa and immigration assistance, student financial aid, and other services** on and off campus, and that I have the right to request and receive assistance from Aurora University staff to access and navigate these resources.

_____ I understand that I may contact the following Aurora University resources at any time with questions or concerns. I understand that all University employees are required to inform the Title IX coordinator of all reported violations of the Policy with the exception of staff at the Wellness Center, Counseling Center, and the University Chaplain. I understand that if I contact these University resources, my privacy will be respected to the extent permitted under relevant law, and that information will be shared only with those University employees who need to know to assist in the investigation and/or resolution of the matter pursuant to the University's complaint investigation and resolution procedures. I also understand that I have the right not to report any incident to Aurora University.

- The Title IX Coordinator: Shaun Neitzel, 347 S. Gladstone Ave, Eckhart Hall 105C Aurora, IL 60506 Dean of Student Life 630-844-6515 sneitzel@aurora.edu
- Aurora University Campus Public Safety: 1408 Southlawn Place Aurora, IL 60506 630-844-6140 cpsafety@aurora.edu
- Wellness Center, 1400 Southlawn Place Aurora, IL 60506 630-844-5434 wellness@aurora.edu
- Counseling Center, 1400 Southlawn Place Aurora, IL 60506, call or email any counselor directly <http://www.aurora.edu/student-life/campus-services/counseling/staff.html#.WBIgjPkrKUK>
- University Chaplain, Mark Woolfington, 430 S. Evanslawn Ave. Aurora, IL 60506 630-844-6175 mwoolfington@aurora.edu

_____ I understand that Aurora University offers **free and confidential reporting through the staff at Mutual Ground**. I understand that disclosures to these confidential advisors will not trigger Aurora University's investigation into an incident.

- Mutual Ground: 418 Oak Ave Aurora, IL 60506 24/7 Sexual Assault Hotline 630-897-8383 or general number 630-897-0080

_____ I understand that in addition to Mutual Ground, there are many other off-campus options available to me to discuss incidents of sexual misconduct, interpersonal violence or stalking in confidence. These options include the National Sexual Assault Telephone Hotline and the State of Illinois Domestic Violence Hotline. Both of these hotlines offer free crisis hotlines available anytime and

professional medical and legal advocates. I understand that disclosures to these sources will not trigger the Aurora University's investigation into an incident.

- National Sexual Assault Telephone Hotline: 800-656-HOPE(4673)
- State of Illinois Domestic Violence Hotline: 877-363-6338

_____ I understand I have the **right to pursue civil and legal remedies off-campus**, through law enforcement and the justice system. This includes filing a criminal complaint or petition for an order of protection. This process does not in any way affect, interfere with, or change the University's process. I understand I have the right to request and receive assistance from Aurora University's staff in contacting law enforcement authorities or other off-campus resources to pursue civil or criminal action, an order of protection, or other legal remedies. I also understand that I have the right to decline to notify law enforcement authorities.

_____ I understand I have the **right to seek medical care**, including a physical exam and/or other treatment and information from other healthcare providers, including family planning.

_____ I have been informed of the importance of **preserving evidence** as may be necessary to the proof of criminal sexual assault, domestic violence, dating violence, or stalking.

_____ I understand that Aurora University is required under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the "Clery Act") to compile and publish statistics on certain criminal offenses including sexual assault, domestic and dating violence and stalking that occur on or adjacent to school properties. Crimes documented for purposes of compliance with the Clery Act will be recorded anonymously, without identifying the specifics of the crime or the identity of the reporting party. Aurora University is also required to issue timely warnings of crimes occurring within relevant geography that represent a serious or continuing threat. A reporting party under this Policy will never be identified in a timely warning.

_____ I understand that I have the same opportunities as the responding party to participate in Aurora University's Investigation and Resolution Procedures, including the right to have **an advisor or support person of choice** at every meeting conducted throughout the investigative and resolution process, to provide written statements, to identify and/or present statements from fact witnesses or submit any other evidence that the Investigator deems relevant, to receive notice of the outcome of the investigation and any sanction determinations as applicable, and to appeal.

_____ I understand that Aurora University will provide me with information regarding, and that I have the right to request reasonably available **interim measures and remedies**. Such measures and remedies may be requested by or provided to either party and may include, but are not limited to, counseling services, changes to academic, living, dining, transportation, and campus work situations; academic assistance, accommodations or adjustments; obtaining and enforcing campus orders of "no contact," honoring an order of protection or a no contact order entered by a State civil or criminal court; and/or the provision of escorts. These measures may be requested through the Title IX Coordinator at any time, and do not require the filing of a report to pursue additional investigation and resolution in order to be implemented.

_____ I understand that any interim measures or accommodations provided will be kept confidential to the extent that maintaining such confidentiality will not impair the ability of Aurora University to provide the interim measures.

___ I understand that the investigative process will be handled with sensitivity, but that the Investigator is not a confidential resource.

___ I understand that as part of the investigation, the investigator(s) will meet with the reporting party(s) and responding party(s) to gather facts about the incident. The investigator(s) also may meet with other parties (witnesses) who may have information about the incident and also may review e-mails, text messages, photographs, and/or other documents that may be relevant to the complaint. After the investigation has been completed, the investigator(s) will prepare an Investigation Report that summarizes and analyzes the allegations, the relevant facts, and any supporting documentation. A copy of the report will be individually shared with the reporting party and responding party in person by the Title IX Coordinator and each party will have an opportunity to review the investigation report and provide their comments on the report identifying any factual inaccuracies or misunderstandings within 3 business days of reviewing the report. The Investigator(s) will address any factual inaccuracies or misunderstandings as appropriate.

___ If the Investigator(s) determine that a policy violation has occurred, the investigator(s) will provide the Title IX Coordinator with the decision(s) including the rationale for the finding(s) and any resulting sanctions or corrective action and the Title IX Coordinator will subsequently notify both parties of the outcome simultaneously/contemporaneously to the greatest extent possible. If the responding party is a faculty member the investigator(s) shall make a recommendation of sanctions to be reviewed by the Vice President for Academic Affairs. If the responding party is a staff member, the Vice President of Human Resources will determine the appropriate sanction and any other corrective action(s).

___ I understand that the investigator(s) may issue one or more of the following sanctions for sexual misconduct violations: expulsion/termination of employment; suspension; loss of on campus housing; loss of extracurricular privileges; residence hall reassignment; no contact agreement; university referral; parental notification; restitution fines; restitution Services; educational activity; restriction of privileges or no-trespass directive; suspension of group recognition; revocation of group recognition; registration hold; disciplinary probation; disciplinary admonition. Additional corrective actions for the reporting party may include but are not limited to support services and accommodations such as escorts, counseling and medical services, academic or residential accommodations and support.

___ I understand that I have the right to either file a report or decline to file a report with the College. If I choose not to file a report at this time, it is clear to me that I may, at any time, change that decision to file a report and pursue the Aurora University's Investigation and Resolution process (reporting party only).

___ It is clear to me that I am filing a report (reporting party only).

___ It is clear to me that a report alleging a violation(s) of the Aurora University Sexual Misconduct policy has been filed against me, and I understand the allegations against me (responding party only).

___ I understand that **Aurora University prohibits retaliation** of any kind as a result of this report and my participation in it. I also understand that I may report any type of retaliation to the Title IX Coordinator or Campus Safety. (Retaliation is any adverse action taken against an individual that (i) adversely affects the individual's opportunity to benefit from the University's programs or

activities; and (ii) is motivated in whole or part by the individual's filing a complaint or reporting or disclosing an alleged violation of this Policy or participation in the grievance process. In addition, any act of intimidation designed to prevent an individual from reporting a violation of this Policy or otherwise participating in the investigation and resolution process is prohibited. Individuals who engage in acts of retaliation or intimidations, as defined in this Policy, are subject to disciplinary action that may include, but is not limited to, the sanctions listed in the Investigation and Resolution procedures section of the Aurora University Sexual Misconduct Policy.

_____ I understand that Aurora University provides amnesty from discipline for a student who makes a good faith report of sex discrimination, sexual misconduct or interpersonal violence for any violation of Aurora University's Code of Conduct, such as underage drinking, that is revealed in the course of such a report, unless the institution determines that the violation was egregious, including without limitation an action that places the health and safety of any other person at risk.

_____ I understand that the Investigation and Resolution process will take place over several days or weeks, but I may contact the Title IX Coordinator at any time with questions or to provide information. The Title IX Coordinator or designee will keep me updated on a regular basis about how the investigation is progressing. *Aurora University is committed to the prompt and equitable resolution of all alleged or suspected violations of the Policy and will complete its Investigation and Resolution Procedures (excluding any appeals) within 60 calendar days unless Aurora University determines in its discretion that more time is required, in which case the parties will be notified and provided with an explanation of the reason for the extension of the 60-day period.*

_____ I understand any information given as part of this investigation may be shared with the reporting party and responding party, as well as University officials involved with the Investigation and Resolution process.

_____ I understand that I have the right to request that any individual with a conflict of interest not participate in the Investigation and Resolution or Appellate process. Such requests must be submitted within three (3) days of a party's notice of the conflicted individual's participation. The written request must include a description of the conflict. If it is determined that a conflict of interest exists, Aurora University will take steps to address the conflict in order to ensure an impartial process.

_____ I have reviewed this document with the Title IX Coordinator and have been given the opportunity to ask any other questions.

Signature

Date