



Sexual Harassment Office
Earth Sciences Building ER6039
Memorial University of Newfoundland
St. John's, NL Canada A1C 5S7
Tel: 709 864 2015
www.mun.ca/sexualharassment

Form # 7

Consent for Support Person to Attend Consultation

I _____, give my consent for _____ to attend the consultation on _____ with the Appointed Investigator.

I understand that _____ will be present during the consultation where confidential information will be discussed. I agree that the above was discussed and I understand the risks associated with sharing my personal and confidential information with the individual present at today's consultation.

Complainant/Respondent Signature

Date

Appointed Investigator

Date

The information on this form is collected as per the University-Wide Procedures for Sexual Harassment and Sexual Assault Concerns and Complaints as outlined in the Procedures. If you have questions about the collection and use of this information, contact the Sexual Harassment Advisor, Sexual Harassment Office at 709-864-2015.