

## **Confidentiality/Non-Retaliation Acknowledgment**

### SEXUAL MISCONDUCT ADJUDICATION PROCESS

TUFTS UNIVERSITY - PUBLIC HEALTH & PROFESSIONAL DEGREE PROGRAMS

*In the matter of* \_\_\_\_\_

By my signature below, I \_\_\_\_\_ acknowledge and agree as follows:

1. A copy of the Sexual Misconduct Adjudication Process has been made available to me for my review.
2. I understand that any information or written material made available to me as part of the disciplinary complaint filed under the Sexual Misconduct Adjudication Process will be treated as confidential (hereinafter referred to as "Confidential Information"). I understand that disclosure of such Confidential Information to anyone other than the Panel, the Investigator, legal counsel, support persons and/or confidential counselors is strictly prohibited. I further understand that I and/or the parties to this action may be subjected to separate disciplinary action for the disclosure of Confidential Information.
3. If I wish to make a disclosure of Confidential Information to someone other than the Panel, the Investigator, legal counsel, support persons and/or confidential counselors, I understand that I must obtain the express written permission of the Panel Chair for the Public Health & Professional Degree Programs or the Intake Officer, Janice Gilkes ([janice.gilkes@tufts.edu](mailto:janice.gilkes@tufts.edu) 617 636-2497) **prior** to making any disclosure. Any disclosure of Confidential Information without written permission may subject me and/or the parties to disciplinary action, and creates a potential for legal action under the laws of the Commonwealth of Massachusetts.
4. I understand that I am to maintain the confidentiality of the Confidential Information even after the conclusion of the disciplinary matter. I understand that my violation of the confidentiality requirements, even after the conclusion of this matter, may subject me to disciplinary action and creates a potential for legal action under the laws of the Commonwealth of Massachusetts.
5. I understand that retaliation against anyone who brings forward a complaint of Sexual Misconduct or who participates in an investigation is strictly prohibited. I understand that anyone responsible for retaliation or threats of retaliation, whether that person is the accused party, someone affiliated with the accused (i.e. a friend or family member), or any other party, will be subject to disciplinary action by the University. I further understand that retaliation by a person not affiliated with the University may be addressed by the police. I agree that I will refrain from any retaliatory conduct and will immediately report to OEO any retaliatory conduct which I become aware of.

6. I understand that, in addition to the parties to this action, there may be witnesses who participate in the investigation under the Sexual Misconduct Adjudication Process. I understand that witnesses should not be intimidated, threatened, or improperly influenced in any way regarding this disciplinary matter. I understand that any attempt to improperly influence the testimony of a witness may result in a separate disciplinary action.
  
7. I affirmatively state that any testimony or information I provide in the Sexual Misconduct Adjudication Process will be truthful. I understand that the failure to provide truthful testimony or information will result in disciplinary action against me and creates a potential for legal action under the laws of the Commonwealth of Massachusetts.

By my signature below, I acknowledge that I understand the contents of this document and I agree to abide by these terms.

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

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

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

Witness: \_\_\_\_\_