COMPLAINT FORM

SEXUAL MISCONDUCT ADJUDICATION PROCESS

TUFTS UNIVERSITY - PUBLIC HEALTH & PROFESSIONAL DEGREE PROGRAMS

To file a disciplinary complaint against a student under the Sexual Misconduct Adjudication Process, please submit this Complaint Form. This form should contain the basic information about the basis of the disciplinary complaint filed against the accused student, or *Respondent*, including the time, date, location, and brief description of the allegations underlying the disciplinary complaint. This Complaint Form must contain sufficient detail to permit the Respondent to understand the complaint against him/her and to allow him/her to be to able adequately respond. The Respondent will be given access to the Complaint Form ***prior*** to filing his/her written statement. This form should be submitted to Intake Officer, Janice Gilkes (janice.gilkes@tufts.edu 617 636-2497).

Complainant: _____

Respondent(s): _____

Date(s) of conduct: _____

Location(s) of conduct: _____

Basis of Complaint:

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(Please use additional sheets if necessary)

Verification: The Complainant acknowledges and agrees that is statement is truthful and complete to the best of his/her knowledge. The Complainant further verifies that he/she has personally drafted and composed this statement, in its entirety, and that the statement was not prepared by someone other than the Complainant. The Complainant acknowledges and agrees that it is improper to submit a statement prepared by someone other than the Complainant, and that submitting a statement prepared by someone else is grounds for dismissal of the complaint in its entirety.

Acknowledged and Agreed

By: _____

Complainant

Date: _____