FORMAL APPEAL
SEXUAL MISCONDUCT ADJUDICATION PROCESS (SMAP or SMAP-X)

Name of case: ______________________________________________________

Filed by (Appellant): ________________________________________________

Under the Sexual Misconduct Adjudication Process (SMAP) or Sexual Misconduct
Adjudication Process with Cross-Examination (SMAP-X), both the complainant and
respondent are entitled to one appeal of the initial Decision-Making Panel’s decision. An
appeal must be filed within **seven (7) university business days** after the initial panel’s
decision has been issued, pursuant to the SMAP and SMAP-X. Appeals filed outside of this
time period may not be considered. The Notice of Appeal should be filed with Jill Zellmer,
Executive Director of the Office of Equal Opportunity and Title IX Coordinator
(jill.zellmer@tufts.edu 617.627.3298). When an appeal is filed, the other party will be
provided with a copy of the Formal Appeal and will be given an opportunity to respond.

**Please check the basis of appeal***:

☐ Procedural irregularity that affected the findings/outcome

☐ Newly information that was not reasonably available at the time of
determination regarding responsibility or dismissal, and that could affect outcome

☐ Bias or a conflict of interest with regard to the Title IX Coordinator,
Investigator(s) or Adjudicators that impacted the outcome.

☐ Severity of the Sanction.

*Please note that the appeal is not an opportunity to argue that the Appellant disagrees with
the initial Decision-Making Panel’s decision. The appeal is not a new fact-finding process. The
only grounds for appeal are the four noted above (more than one can be used).

Please state all the information that should be considered by the Appellate Panel in
support of your appeal (under one of the four basis noted above). Please note that the
Appellate Panel will be given the Notice of Appeal, the statements of the complainant
and respondent, the initial Decision-Making Panel's decision and the investigation report(s) to review when considering this appeal.

(Please use additional sheets if necessary)

**Verification:** The Appellant acknowledges and agrees that this statement is truthful and complete to the best of their knowledge. The Appellant further verifies that they have
personally drafted and composed this statement, in its entirety, and that the statement was not prepared by someone other than the Appellant. The Appellant acknowledges and agrees that it is improper to submit a statement prepared by someone other than the Appellant, and that submitting a statement prepared by someone else is grounds for dismissal of the appeal in its entirety.

Acknowledged and Agreed,

By: ________________________________
   Appellant

Date: ______________________________