

Revised August 2024

Privacy/Non-Retaliation Acknowledgement Form

[SMAPS, STOP-D and all Informal Resolution Processes]

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

1. A copy of the applicable process (Sexual Misconduct Adjudication Process Involving Students - [SMAPS](https://oeo.tufts.edu/wp-content/uploads/2024-SMAPS.pdf)) (<https://oeo.tufts.edu/wp-content/uploads/2024-SMAPS.pdf>), (Standard Operating Procedure for Discrimination Complaints - [STOP-D](https://oeo.tufts.edu/wp-content/uploads/2024-STOP-D.pdf)) (<https://oeo.tufts.edu/wp-content/uploads/2024-STOP-D.pdf>) or (Informal Resolution Processes) {LINK} has been made available to me for my review. The privacy considerations surrounding the applicable Process have been discussed with me and I understand the importance of maintaining privacy and upholding the integrity of this process.
2. I understand that Tufts University does not restrict the ability of either Party to discuss allegations, gather evidence in their case, or speak to others who can support them. However, I understand that I should exercise caution when sharing such information so as not to harm, disparage, or defame other Parties or Witnesses involved in the process.
3. I understand that it is prohibited to retaliate against anyone who brings forward a Complaint of Prohibited Discrimination, Harassment, Sexual Misconduct and related Retaliation, *or* who participates in an investigation. I agree to refrain from any retaliatory conduct against anyone else involved in this process in any manner and will encourage others to refrain from retaliation as well. I understand that anyone responsible for retaliation or threats of retaliation, whether that person is the Complainant or Respondent, someone affiliated with the Complainant or Respondent (i.e. an advisor, a friend or family member), or any other party, will be subject to disciplinary action by the University.
4. I understand that even after the process has concluded, I am expected to continue exercising caution in the disclosure of private information and that I can be held

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responsible for retaliation even after the process has concluded. Such a finding can result in sanctions up to and including permanent separation from the University.

5. I understand that the Witnesses who participate in SMAPS adjudications or STOP-D investigations 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.
6. I affirmatively state that any testimony or information I provide in the SMAPS, STOP-D, or Informal Resolution Process will be truthful. I understand that the failure to provide truthful testimony or information may result in separate disciplinary action against me pursuant to applicable student and/or employee codes of conduct.

By my signature below, I acknowledge that I have read this document, that I understand it, and that I agree to abide by its terms.

Printed Name: _____

Signature: _____

Date: _____

Advisor Name: _____

Advisor Signature: _____

Date: _____