

Alternative Resolution Agreement

Alternative Resolution is a voluntary process within The College of New Jersey’s *Sexual Harassment, Misconduct, & Discrimination Policy* (hereinafter referred to as ‘Policy’) that allows a Respondent in a Prohibited Conduct resolution process to accept responsibility for their behavior and/or potential harm. By fully participating in this process the Respondent will not be charged with a violation of College *Policy*. The Alternative Resolution process is designed to eliminate the prohibited conduct, prevent its recurrence, and remedy its effects in a manner that meets the needs of the Reporter while still maintaining the safety of the overall campus community.

The Alternative Resolution process will only be used at the request and agreement of both the Reporter and Respondent and under the direction of the Office of Title IX & Sexual Misconduct. In order for the Alternative Resolution process to be appropriate both parties must have an understanding and agree on the necessary elements of the process. The following information was reviewed in your original meeting with the Office of Title IX & Sexual Misconduct, but please read through the following elements and initial that you understand each of the following:

Respondent Reporter

- | | | |
|-------|-------|--|
| _____ | _____ | Participation in this process is voluntary and either the Reporter or Respondent can choose to end the process at any time prior to signing the agreement; |
| _____ | _____ | Mediation, even if voluntary, will not be used in cases involving sexual assault; |
| _____ | _____ | Both the Reporter and Respondent must participate in individual conference meetings with appropriate staff to learn more about the resolution process prior to participating; |
| _____ | _____ | The process can only be used once and will not be considered if requested by a repeat Respondent under the College <i>Policy</i> ; |
| _____ | _____ | The Reporter and Respondent must agree to all recommendations laid out in the formal agreement or the matter may be referred to the Title IX Coordinator for further action; |
| _____ | _____ | Information documented during this process can be subpoenaed if a criminal investigation is initiated; |
| _____ | _____ | Participation in this process does not constitute a responsible finding of a <i>Policy</i> violation and therefore is not reflected on a student’s disciplinary record; |
| _____ | _____ | If the Respondent is found responsible for any violations in the future, this agreement can be considered during the sanctioning phase of that disciplinary proceeding; |
| _____ | _____ | The College reserves the right to suspend or terminate the Alternative Resolution process and revert back to an investigation at any time; and |
| _____ | _____ | The Respondent may be charged with <i>Failure to Comply with a Directive of a College Official</i> under the College <i>Policy</i> for failure to meet the requirements laid out in the agreement. |

Educational & Restorative Activities

The following sets forth the actions required to be completed to satisfy the Alternative Resolution agreement.

Educational Activity: Salient Analysis of Interpersonal Dynamics (SAID) Workshop

The Respondent will be required to participate in an individualized three-part workshop (1 hour each - total of 3 hours), hosted by **[name & title of SAID Workshop Facilitator]**, focused on designed to create a space for those accused of Prohibited Conduct under this *Policy* and/or Violations of the *Student Conduct Code* to examine their behavior and receive contextual information surrounding it with the goal of sparking behavior change, skill-building, and self-reflection. The Respondent should contact the workshop facilitator directly **[email of facilitator]** to schedule the sessions. Once the workshop sessions are scheduled, the Respondent should notify the Title IX & Sexual Misconduct Staff via email of the finalized dates. **The sessions of the workshop must be scheduled (and Title IX & Sexual Misconduct Staff notified) by [insert due date] and completed by [insert due date].** This workshop is free of charge and the Office of Title IX & Sexual Misconduct will receive general information regarding the attendance and participation of the Respondent.

Educational Activity: Alcohol Education Workshop

The Respondent will be required to participate in a workshop focused on alcohol education and understanding the impact of consumption levels on a persons' decision-making ability. The Respondent will schedule a meeting with TCNJ's Assistant Director for Alcohol and Drug Education Program (ADEP), Joe Hadge (hadgej@tcnj.edu), who will facilitate the individualized workshop. **The workshop is free of charge and must be scheduled by [insert due date] and completed by [insert due date].** Once the workshop is scheduled, the Respondent should notify the Process Facilitator of the finalized date.

Educational Activity: Impact Statement

The Reporter will submit a written impact statement **that will be shared with the Respondent during one of the sessions** of the SAID Workshop. The impact statement will discuss all ways in which the Reporter has been impacted and the harm that they believe they've experienced based on this incident. The Respondent will have an opportunity to debrief about the statement with the Facilitator during the workshop & the summative meeting.

Educational Activity: Summative Meeting with Title IX Staff

After completion of all educational activities, the Respondent will be required to schedule a follow-up meeting with the Process Facilitator from the Office of Title IX & Sexual Misconduct. During this meeting, the Process Facilitator will facilitate a conversation to have the Respondent consider how their behavior may have impacted the Reporter, Respondent, and the community as a whole. Additionally, the educational activities the Respondent participated in will be discussed, including the Respondent's reactions to the completed activities, the overall learning that took place as a result, and the possible impact it has had on the Respondent's understanding of the current situation, as well as future behaviors. The Process Facilitator will also gain feedback about the overall effectiveness of the process. These meetings typically last anywhere from 1-1.5 hours. A summary of the information discussed during this meeting will be shared with the Reporter. **This meeting must be scheduled by [insert due date] and completed by [insert due date].**

Explicit Agreement Between Parties

REPORTER -

By signing below, I indicate that I approve of the Office of Title IX & Sexual Misconduct moving forward with this contract as is and understand the requirements that must be completed on behalf of the Respondent in this case for the Alternative Resolution process (as part of *College Policy*) to be satisfied. By participating in this process, I understand and acknowledge that I am waiving my right to utilize a formal investigation to resolve this matter once both parties (myself & Respondent) have signed this contract. Lastly, I understand and acknowledge that if the Respondent fails to complete the activities set forth above, they may be charged with *Failure to Comply with a Directive of a College Official* under the *College Policy*. I further understand and acknowledge that any sanction listed under the *College Policy* may be imposed upon the Respondent if they are found responsible for *Failure to Comply with a Directive of a College Official*.

_____ *Reporter's Printed Name*

_____ *Reporter's Signature*

_____ *Date*

RESPONDENT -

By signing below, I indicate that I understand the requirements that must be completed for this Alternative Resolution Process (as part of *College Policy*) to be satisfied, and I also agree to complete the activities set forth above. I understand and acknowledge that if I fail to complete the activities set forth above, I may be charged with *Failure to Comply with a Directive of a College Official* under the *College Policy*. I further understand and acknowledge that any sanction listed under the *College Policy* may be imposed if I am found responsible for *Failure to Comply with a Directive of a College Official*, and that the findings of that case will be shared with the Reporting party.

_____ *Respondent's Printed Name*

_____ *Respondent's Signature*

_____ *Date*

OFFICIAL COLLEGE USE ONLY:

By signing below, I indicate that a Formal Complaint has been filed by the Reporter requesting to utilize the Alternative Resolution Process. Based on the information currently available at this time, the College has determined that this is an appropriate matter for pursuance of the Alternative Resolution Process and find the educational and/or restorative components outlined above to be appropriate and reasonable. Further, the Title IX Coordinator has approved of me serving as the Process Facilitator in this case.

_____ *Printed Name of Process Facilitator*

_____ *Signature of Process Facilitator*

_____ *Date*