

## Employee Acknowledgment of Sexual Misconduct Policy

I, \_\_\_\_\_ (Print Name), acknowledge the St. Mary's College of Maryland Policy Prohibiting Sexual Harassment and Procedures for Filing Complaints which is located at: <https://www.smcm.edu/title-ix-office/policies-and-applicable-laws/>.

The College prohibits all forms of sexual and gender-based discrimination and harassment, including sexual harassment, sexual violence, stalking, relationship violence (collectively referred to herein as "Prohibited Conduct") and retaliation. I agree to read and follow the Policy and the Procedures. I understand that my violation of the Policy may result in disciplinary action up to and including my termination.

Any questions I have concerning the Policy or Procedures or Training may be directed to the Title IX Coordinator or a member of the Office of Human Resources for clarification.

Once you have completed and saved this form, please email your document(s) to: **hr@smcm.edu**.

Include your full name, program name, and form name in the subject line. Example: John Smith – Journalism & Broadcast Program, Student Preferred Name Form. If you have any questions or issues submitting your form, contact us at the same email address for assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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