# Confidentiality Agreement

**The Vermont Truth and Reconciliation Commission is an independent State body created to examine, record and identify potential action to repair the damage caused by institutional, structural, and systemic discrimination caused or permitted by State laws and policies. The State has tasked the VTRC to focus on discrimination that has been experienced by individuals who identify as Native American or Indigenous; individuals with a physical, psychiatric, or mental condition or disability and the families of individuals with a physical, psychiatric, or mental condition or disability; Black individuals and other individuals of color; and individuals with French Canadian, French-Indian, or other mixed ethnic or racial heritage.**

## Confidentiality Consent

I _____ am voluntarily participating in the investigation related to discrimination in Vermont by the Vermont Truth and Reconciliation Commission.

**I understand** that the VTRC will keep all personally identifying information confidential unless I specifically volunteer to share this information.

**I understand** that because this is a group setting, the VTRC cannot guarantee confidentiality. If I want to schedule a more confidential interview, I will contact the VTRC.

**I understand** that because what is being shared is sensitive and personal, I am being asked to keep the information shared today confidential by not sharing it with others.

**I understand** that the Vermont Truth and Reconciliation Commission is conducting research to create a public record of State laws and policies that have caused institutional, structural, and systemic discrimination in Vermont. The TRC is doing this to identify actions that the State can take to repair this damage and to prevent such discrimination from happening again. This research will last until November 2026.

**What happens to the information I tell you?** Per Act 128, the data that we collect will become a part of public record in the State of Vermont. Information that you tell us might appear in reports to the Governor and General Assembly. This report will also be available to the public.

**What are the benefits and risks in participating?** Your story will help us to make recommendations to the Legislature to prevent instances of discrimination and oppression

from happening in the future. Per Act 128, the VTRC is legally required to take every possible step to keep your identity and personal information safe. We cannot disclose your identity or personally identifiable information without your permission.

**What if I have questions?** If you have any questions or concerns about our research or this form, please contact the VTRC at vtrc@vermont.gov or Executive Director Faith Yacubian at faith.yacubian@vermont.gov or by phone at 802-261-7386.

For the purposes of our records, I'll briefly record some information. This information will be redacted and will not become public record.


Name: _____


My phone number and/or email address is: _____


My address is: _____


I would like to participate anonymously (check yes or no): _____YES _____NO

*If anonymous is chosen, any information provided will not be used by or provided to anyone outside of the TRC. The source of the information will be anonymous and no identifying information will accompany the facts provided.


I understand that I may withdraw the information provided to the VTRC at any time or change the way the information I have provided is used.

_____YES          _____NO


I understand that because the research I am participating in is taking place in a group setting, the VTRC cannot guarantee full confidentiality.

_____YES          _____NO


I would like to be contacted about participating in a public testimony related to my and/or my family's story.

_____YES          _____NO

I understand if my testimony takes place at a public meeting my information will not be held confidential.

What would you like see change or happen moving forward to prevent harm in the future?

_____

_____

_____

_____

What would be healing for you?

_____

_____

_____

The Truth and Reconciliation Commission must use the information that I provide by the following date (month/day/year):

_____/_____/_____

**Future Contact**

- ❑ I understand that the TRC may contact me in the future.
- ❑ The TRC may not contact me after this interview.

*Participants may change the contact request at any time.