

Document 45 - Appeal Request Form

TITLE IX APPEAL REQUEST FORM

Both parties may appeal any dismissal of a formal complaint, dismissal of an allegation in a formal complaint, or decision regarding responsibility. To appeal, complete this form and submit it to the Title IX Coordinator within *[# days, e.g., ten]* days of electronic service of the dismissal decision or written determination. Please complete all sections of the form. Incomplete forms will not be processed. Please do not provide more information than requested. An appellate decision-maker will contact both parties to provide an equal opportunity to submit a written statement supporting or objecting to the appeal after the appeal has been processed.

Who is Appealing?

Name: _____ Grade: _____
Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer
☐ Other (Describe: _____)
Address: _____
Email: _____
Phone: _____
Student/Employee ID: _____

What is Being Appealed?

1. Dismissal

Date of Dismissal: _____
What Are You ☐ Allegation 1 ☐ Allegation 2 ☐ Allegation 3
Appealing? ☐ Allegation 4 ☐ Allegation 5 ☐ Allegation 6
☐ Other (Describe): _____

☐ **Written Determination**

Date of Determination: _____
What Are You ☐ Allegation 1 ☐ Allegation 2 ☐ Allegation 3
Appealing? ☐ Allegation 4 ☐ Allegation 5 ☐ Allegation 6
☐ Other (Describe): _____

On what grounds is the appeal being requested, and what facts support the appeal? (Check all that apply)

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- ☐ **New Information:** Appeal requesting consideration of new information or other new relevant facts that, if known at the time of the decision or determination, would have affected the outcome. New information is information that was not available when the decision or determination was made.

What is the new evidence?

How could it affect the outcome?

- ☐ **Procedural Irregularities:** Appeal asserting irregularities in the application of the Procedures to Resolve Complaints of Sexual Harassment, Sexual Assault, and Interpersonal Violence that affected the outcome of the matter. Minor procedural deviations that do not materially affect the outcome are not a basis for reversing a decision.

What was the procedural irregularity?

How did it affect the outcome?

- ☐ **Bias:** Appeal asserting that the Title IX Coordinator, investigator(s), hearing officer, or decision-maker had a conflict of interest or bias for or against complainants or respondents generally, or for or against the particular Complainant or Respondent involved in the subject case, that affected the outcome of the matter.

Who had a bias or conflict of interest? What was the bias or conflict?

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How did it affect the outcome?

An appeal must be filed no later than *[# of days, e.g., ten]* days from electronic receipt of the decision or determination being appealed to be timely. If the District does not receive a timely appeal from any party, the formal complaint will be closed with no further notification or action by the District.

Use the following contact information for delivery of the appeal:

[Name and Title of Title IX Coordinator]

Email Address: *[email]*

Mailing Address: *[address]*

Address for Hand Delivery: *[address]*

Responses must be emailed by 11:59 p.m. on, postmarked by, or hand-delivered by the delivery location's close of business on the due date. If you need to request an extension, please notify me in writing of your request and the good cause justifying the request. Any extensions granted will be equally applicable to all parties.

If you have any questions, you can contact the District's Title IX Coordinator using the contact information above.