



Title IX Decision Appeal Form

(to be filled out by a party wishing to appeal the initial determination/sanction)

Name of Appealing Party: _____

☐ Complainant

☐ Respondent

Date: _____

I, _____, hereby appeal the written decision on the grounds that
(check at least one):

- ☐ A procedural irregularity affected the outcome of the matter. The facts supporting this appeal are (attach additional pages if needed):

- ☐ New evidence was not reasonably available at the time the written decision was issued that could affect the outcome of the matter. The facts supporting this appeal are (attach additional pages if needed):

- ☐ The Title IX Coordinator, Investigator(s), or Decision-Maker(s) had a conflict of interest or bias that affected the outcome of the matter. The facts supporting this appeal are (attach additional pages if needed):

I hereby affirm that the foregoing is true and correct to the best of my knowledge.

Signature of Appealing Party