FORM – APPEAL REQUEST (REGARDING TITLE IX GRIEVANCE)

INSTRUCTIONS:

**A Party may ONLY appeal an Initial Determination of Responsibility or a Dismissal of a Formal Complaint of Sexual Harassment (or any allegations therein) based upon one or more of the following grounds:**

a. Procedural irregularity that affected the outcome of the matter; AND/OR

b. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter; AND/OR

c. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affected the outcome of the matter.

**Please circle EACH of the above grounds upon which you wish to seek an appeal. For EACH, describe in detail below (using additional sheets of paper if necessary) the facts supporting your request. If you are appealing an Initial Determination of Responsibility and there are multiple determinations of responsibility, please specify which determination of responsibility you are seeking to appeal.**

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**Do you hereby request an Appeal? [ ] YES [ ] NO**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) Date: \_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINTED FULL NAME (Student/Employee)**

**(Where student is a minor)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) Date: \_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINTED FULL NAME (Parent/Guardian)**