

SEXUAL HARASSMENT UNDER TITLE IX
(Appeal of Determination of Responsibility)

Party Filing Appeal: _____

Date Appeal Filed: _____

I am notifying the district that I am appealing the determination of responsibility made on _____ [date of decision]. I understand that I may appeal only if one or more of the following bases apply (check all bases that apply):

- ☐ There was a procedural irregularity that affected the outcome. If you check this box, please describe the procedural irregularity and how that irregularity impacted the determination of responsibility: _____

- ☐ There is new evidence that was not reasonably available at the time of the determination of responsibility that could affect the outcome. If you check this box, please describe the new evidence, explain why it was unavailable and, if possible, attach it to this form. Further, explain why you believe the new evidence would have resulted in a different finding: _____

- ☐ The Title IX coordinator, investigator or decision-maker had a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent that affected the outcome. If you check this box, please identify the people with the conflict of interest or bias and identify the conflict or provide specific examples that demonstrated bias. Further, explain how this conflict of interest or bias impacted the determination of responsibility:

I have read this appeal form thoroughly and have answered all questions truthfully and in good faith.

Signature of Party Appealing

Printed Name of Party Appealing

Implemented:

Revised:

«AddressLine»