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 only appeal if one or more of the following reason(s) apply [check all that apply]:

___ There was a procedural irregularity that affected the outcome;

___ There is new evidence that was not reasonable available at the time the decision to dismiss was made that could affect the outcome; or

___ The Title IX Coordinator, investigator or decision-maker had a conflict of interest or bias for or against the Complainant or Respondent generally or the Complainant or Respondents individually that affected the outcome.

Explanation:

Please provide all information supporting your appeal.

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

_________________________________________________

Party Appealing