Title IX Decision Appeal Request Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. Either party may appeal the determination of responsibility under the district’s Title IX grievance process. The other party will be provided a copy of this appeal.

PERSONAL INFORMATION:

Student Name: ____________________________ Grade: ____________________________

Student ID: ____________________________ School: ____________________________

Parent/Guardian Name: ____________________________

Phone: ____________________________ Email: ____________________________

You may request an appeal on one or more of the three bases specified below. This request must set forth specific facts supporting the ground(s) for appeal and all documentation to be considered for the appeal must be submitted with this form.

Basis for Appeal:

[ ] Procedural irregularity that affected the outcome of the matter

[ ] New evidence that was not reasonably available at the time of the decision, that could affect the outcome of the matter

[ ] The Title IX Coordinator, Investigator(s), or Decision-maker(s) had a conflict of interest or bias for or against Complainants or Respondents

Please describe the basis for your appeal.

[Blank space for description]

Signature of Parent ____________________________ Date ____________________________

This appeal must be submitted to the Title IX Coordinator within 10 calendar days of the decision letter. Once an appeal is received, the other party will be notified and provided with an opportunity to submit a written response. A team of administrators who did not serve as a Title IX Coordinator, Investigator, or Decision Maker for this case will make a decision on the appeal. Both parties will be notified of the outcome.