

APPEAL FROM EQUITY COMPLAINT PROCESS FORM

Request for Appeal

This form is to be used when requesting an appeal of a decision resulting from the Equity Complaint Process to the Complaint Review Committee. A full description of the criteria for an appeal and the process of appeal can be found in the Equity Complaint Process for Resolving Complaints of Harassment, Sexual Misconduct and Other Forms of Discrimination.

Appealing Party Information

Name: _____

Status (i.e., Complainant or Respondent) _____

Case Number: _____

Notice of Decision Date: _____

Indicate Appeal Criteria Met and information Provided in the Request

I, the appealing party, have attached new evidence or new information that did not exist at the time of the investigation that could have a bearing on the investigatory team's findings of fact.

Note: A failure to present information or witnesses that were known to you at the time of the investigation is not reason for appeal.

Check the items that are attached that demonstrate the new evidence

- Medical Report, Letter(s), Photo(s), Other, Video (CD), Other

I, the appealing party, have attached documentation/information that indicates a clear error in the investigation that may have affected the final outcome of the investigation and the resulting actions taken.

Indicate the specific step in the investigatory process that was not undertaken in accordance with the procedure set forth in the Equity Complaint Process for Resolving Complaints of Harassment, Sexual Misconduct and Other Forms of Discrimination.

Section #: Description: _____

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Important Notes

The following items must be attached:

- Written statement of request detailing the specifics of why you believe your request meets the criteria for appeal. All supporting documents as indicated above.

Note:

- All supporting documents must be included with the submission of this form. References to evidence and/or information that is not attached will not be considered. All requests must be prepared and submitted by the complaint or respondent. Third party requests will not be approved.

Signature: _____ Date: _____