

DISCRIMINATION DECISION APPEAL FORM

Either party may appeal the determination of responsibility under the district's discrimination grievance process by filing an appeal within 10 business days of the date of the decision on this form.

CASE INFORMATION (Please Print)

Case Number: _____

Name: _____

Date of Decision: _____

Basis for Appeal: (check all that apply)

- Procedural irregularity that would change the outcome of the matter
- New evidence that was not reasonably available at the time of the decision that would change the outcome
- The District Official(s) involved has a conflict of interest or bias for or against Complainants or Respondents that would change the outcome.

Please describe the basis for your appeal.

Signature

Date

This appeal must be submitted to the District Official who handled this complaint within 10 business days of the date of the determination of responsibility. An administrator who was not the District Official who originally handled this complaint will make a decision on the appeal. Both parties will be notified of the outcome.