

DISCRIMINATION APPEAL DECISION

CASE INFORMATION (Please Print)

Case Number: _____

Complainant's Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: (Cell) _____ (Work) _____

Employee ID: _____ Job Title: _____

Employee's School/Office Location: _____

Appeal Basis:

Appeal was based on: (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 involved has a conflict of interest or bias for or against Complainants or Respondents that would change the outcome of the matter

After carefully considering the appeal and the submissions of all parties, there **will/will not** be a change in the decision made by the District.

Rationale: _____

Appellate Decisionmaker

Date

cc: Copy of decision to both parties
District Official