

Title IX Appeal Form¹

Please use this form to appeal a Title IX Written Determination. This form may be submitted within five (5) school business days after a party receives either the written determination or a notice of dismissal.

Please note that upon receipt of an appeal, the Title IX Coordinator will notify both parties, in writing, that an appeal has been filed. Both parties – including you – will have five (5) school business days to submit a written statement in support of, or challenging, the outcome.

Within thirty (30) business days, the Appellate Decision-Maker will affirm, reverse, or amend the written determination or notice of dismissal. Within five (5) business days after its decision, the Appellate Decision-Maker will simultaneously issue a written decision to both parties that will describe the result of the appeal and the rationale for the result.

Title IX Coordinator:	Ashlee Goettsche	Appellate Decision-Maker:	Janet Gladu
	agoettsche@laharpeeagles.com		jgladu@laharpeeagles.com
	[217-659-7739		217-659-7739

SECTION 1: WHO IS FILLING OUT THIS FORM?

Name of Party: _____

Email Address: _____ **Phone Number:** _____

May we contact you for further information?

Yes

No

SECTION 2: BASIS OF APPEAL?

Why are you appealing the written determination or the notice of dismissal? Please provide details in the space provided. Attach additional pages as necessary.

Procedural irregularity affected the outcome. _____

 New evidence now available that could affect the outcome but that was not reasonably available at the time the determination or dismissal was made.

¹ Best practice is to attach this form to all written determinations.

The Title IX Coordinator, Investigator, or Initial Decision-Maker had a conflict of interest or bias for or against complainants or respondents generally or me in a way that affected the outcome.

SECTION 3: DO YOU HAVE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE?

Is there anything else you would like us to know? _____

Print Name

Date

Signature

TO BE COMPLETED BY TITLE IX COORDINATOR

Signature Acknowledging Receipt

Receipt Date