Appeal Request Form for Appeals under the Policy Prohibiting Sexual Harassment, Sexual Assault, and Interpersonal Violence

Please submit your completed form to the appropriate decision-maker on appeal no later than the date indicated on the Decision Notification. Responses to all questions on the form are required and must be completed in order for the Appeal Request to move forward. Any incomplete forms will not be processed. If you have any questions about the appeal process, please call 303-273-3260.

Name: _____

CWID#: _____ Today's Date: _____

Phone: _____ Email: _____

1. **On what grounds is the appeal being requested? (Check all that apply)**

_____ **New Information**: Appeal requesting consideration of new information or other relevant facts that are sufficiently material to affect the outcome, This is only an appropriate basis for appeal when such information was not available at the time the determination regarding responsibility or dismissal of the Formal Complaint was made.

_____ **Procedural Irregularities:** Appeal asserting irregularities in the application of the Procedures to Resolve Complaints of Sexual Harassment, Sexual Assault, and Interpersonal Violence that affected the outcome of the matter. Minor procedural deviations that do not materially affect the outcome are not a basis for reversing a decision.

_____ **Bias:** Appeal asserting that the Title IX Coordinator, investigator(s), hearing officer, or decision-maker had a conflict of interest of bias for or against complainants or respondents generally, or for or against the particular Complainant or Respondent involved in the subject case, that affected the outcome of the matter.

_____ **Appropriateness of Sanction**: Appealing whether the sanction(s) imposed was appropriate in relation to the Policy violation for which the Respondent was determined to be responsible. .

2. **Please indicate how the selected ground(s) for appeal applies to your situation?**
If needed, you may write on the back or attach any additional documentation to this form to support your appeal.

For official use only – do not write in this box

Reason(s) for Denial (if applicable):

Notification Date: _____

Submission Date: _____

Decision Date: _____

Appeal Administrator's Decision:

_____ Deny the Appeal

_____ Allow the Appeal to Proceed