

Request for Appeal Form

Directions for Submitting a Request for Appeal:

Step 1: Indicate the reason(s) for your appeal (Questions 1 - 3). You must select at least one reason AND cite supporting evidence.

Step 2: Attach a statement explaining the reason(s) for your appeal; attach any supporting documents or information. Include in this statement what remedy is sought.

Step 3: Sign the form.

Step 4: Submit the completed form with the necessary attachments to Mr. Matthew Delaney, Vice President for Finance and Facilities, via e-mail at mdelaney@kutztown.edu or in-person at the Stratton Administration Center, Room 221C. **Please note, incomplete forms will not be accepted.**

Guidelines: Please read before submitting a request.

- An appellant (the person appealing) may request an appeal within **five (5) business days** from the date of the outcome notification. The appeal policy outlined in the *Sexual Misconduct Policy* will be the basis for all reviews.
- Appeals are limited to the grounds set forth below. **Please note, lack of agreement with the outcome or decision, alone, is not valid grounds for an appeal; a specific error (i.e. reason for appeal) must be cited and supported.**
- The imposition of sanctions will normally be stayed (put on-hold) while the appeal process is pending except in cases of administrative leave. If an appeal is denied or modified, the reviewing authority will have the right to modify the original sanction start or end dates (not the sanction itself) based on the length of the appeal process and in accordance with the original sanction imposed.
- The investigator, decision maker, and opposing party (respondent or complainant) all have the right to review the appellant's appeal submission and provide a supplemental statement and/or documentation.
- Appeals will be determined on the basis of appellant's *Request for Appeal Form*, statement, case file, and any statement submitted by an involved party.
- If an appropriate basis for appeal is cited, the appeal will be forwarded to the State System Chancellor for a final determination.

Background Information:

Name: _____

Department: _____

Telephone Number: _____

E-mail Address: _____

Questions:

Which of the following grounds form the basis of your appeal request (check ONLY the grounds that apply)?

1. There is new information that could affect the outcome of the matter and was not reasonably available through the exercise of due diligence at the time of the hearing or dismissal of the Formal Complaint.

Yes No

2. A deviation from the University policy or procedures affected the hearing outcome.

Yes No

3. The Title IX Coordinator, Investigator(s), or Decision Maker(s) had a conflict of interest or bias for or against an individual party, or for or against complainants or respondents in general, that affected the outcome of the matter.

Yes No

*A statement is required for all appeal requests. Please attach your statement and any supporting documentation to this form.

By signing below, I hereby agree that I have read, understand, and agree to the information and guidelines on this form.

Signature

Date