



COPPELL INDEPENDENT SCHOOL DISTRICT

Title IX Decision Appeal Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. Either party may appeal the determination of responsibility under the District’s Title IX grievance process by filing an appeal within 10 calendar days of the date of the decision on this form. The other party will be provided a copy of this appeal.

Appeal Requester’s Information (Please Print):

Your full name: \_\_\_\_\_

Date of Title IX Decision: \_\_\_\_\_

Your phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Basis for Appeal:

- Procedural irregularity that affected the outcome of the matter;
New evidence that was not reasonably available at the time of the decision that could affect the outcome;
The Title IX Coordinator, Investigator(s), or Decision Maker has a conflict of interest or bias for or against Complainants or Respondents.

Please describe the basis for your appeal:

Multiple horizontal lines for describing the basis for appeal.

Your Signature

Date

This appeal must be submitted to the Title IX Coordinator within 10 calendar days. Once an appeal is received, the other party will be notified and provided with an opportunity to submit a written response within five calendar days. An administrator who was not the investigator, Title IX Coordinator or Decision Maker will make a decision on the appeal and both parties will be notified of the outcome.

