



# School District of Indian River County

6500 57<sup>th</sup> Street • Vero Beach, Florida, 32967 • Telephone: 772-564-3000 • Fax: 772-564-3054

## Request for Appeal for Title IX Written Determination

Date of Request: \_\_\_\_\_

**Request made on behalf of (check one):**

Complainant: \_\_\_\_\_

Respondent: \_\_\_\_\_

**Reason for Appeal (must check one):**

Procedural issues affected the outcome

New evidence that was not reasonably available at the time the written determination or dismissal was made becomes available that could affect the outcome

There was a conflict of interest or bias by the school-based Title IX Coordinator, investigator, or decision-maker, against any complainant or respondent that affected the outcome.

***Completed forms must be submitted to the Decision Maker within two (2) school days of the issuance of the Written Determination.***

Signature: \_\_\_\_\_  
(If minor, signature of parent/guardian)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If parent/guardian, print name of student: \_\_\_\_\_