

# Appendix B: Appeal Form Template

CONFIDENTIAL

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## Appellant Information

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

Employee ID/Student ID (if applicable): \_\_\_\_\_

Department/Division: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: ☐ Phone ☐ Email ☐ In-person ☐ Mail

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## Original Decision Information

Type of Decision Being Appealed: ☐ Disciplinary Action ☐ Complaint Investigation Outcome ☐ Policy Interpretation ☐ Grievance Decision ☐ Academic Decision ☐ Termination ☐ Suspension ☐ Performance Evaluation ☐ Other: \_\_\_\_\_

Original Case/Reference Number: \_\_\_\_\_

Date of Original Decision: \_\_\_\_\_

Decision Made By: \_\_\_\_\_ Title/Department: \_\_\_\_\_

Date You Received Notification of Decision: \_\_\_\_\_

Summary of Original Decision: Please briefly describe the decision you are appealing.

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## Grounds for Appeal

Please check all applicable grounds for your appeal:

☐ **Procedural Error:** The proper procedures were not followed during the investigation/decision-making process

- ☐ **Insufficient Evidence:** The decision was not supported by adequate evidence
  - ☐ **Bias/Conflict of Interest:** The decision-maker had a bias or conflict of interest
  - ☐ **New Evidence:** New evidence has become available that was not considered in the original decision
  - ☐ **Disproportionate Penalty:** The penalty/consequence is too severe for the alleged violation
  - ☐ **Misinterpretation of Policy:** The policy or rule was incorrectly interpreted or applied
  - ☐ **Violation of Rights:** The process violated your rights or established procedures
  - ☐ **Other:** \_\_\_\_\_
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## Detailed Appeal Statement

**Please provide a detailed explanation of why you believe the original decision should be overturned or modified:**

Include specific facts, circumstances, and reasoning that support your appeal. Reference any relevant policies, procedures, or documentation.

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**If claiming procedural error, please specify what procedures were not followed:**

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**If presenting new evidence, please describe the evidence and explain why it was not available during the original process:**

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## Supporting Documentation

**Are you submitting additional documentation with this appeal?** ☐ Yes ☐ No

**If yes, please list all attached documents:**

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**Witness Information (if applicable):**

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
\_\_\_\_\_ Relevance to Appeal: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
\_\_\_\_\_ Relevance to Appeal: \_\_\_\_\_

## Requested Relief

What specific outcome are you seeking through this appeal?

- ☐ Complete reversal of the original decision
- ☐ Modification of the penalty/consequence
- ☐ New investigation/review
- ☐ Policy clarification/interpretation
- ☐ Other: \_\_\_\_\_

Please explain your requested relief in detail:

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## Previous Appeals

Have you previously appealed this decision or a related matter? ☐ Yes ☐ No

If yes, please provide details: Date of Previous Appeal: \_\_\_\_\_

Outcome: \_\_\_\_\_ Appeal Body/Person: \_\_\_\_\_

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## Representation

Will you have representation during the appeal process? ☐ Yes ☐ No

If yes, please provide representative information: Name: \_\_\_\_\_

Title/Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

## Additional Information

Is there any other information you believe is relevant to this appeal?

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## Certification and Acknowledgment

I certify that:

- The information provided in this appeal is true and accurate to the best of my knowledge
- I understand that providing false information may result in additional disciplinary action
- I have read and understand the appeal procedures
- I am filing this appeal within the required timeframe
- I understand that the appeal decision will be final unless otherwise specified in organizational policy

**Appellant Signature:** \_\_\_\_\_

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

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## For Office Use Only

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Appeal Number:** \_\_\_\_\_

**Timeliness Review:** ☐ Timely ☐ Late ☐ Extension Granted

**Appeal Panel/Reviewer Assigned:** \_\_\_\_\_

**Review Scheduled Date:** \_\_\_\_\_

**Status:** ☐ Under Review ☐ Hearing Scheduled ☐ Decision Pending ☐ Resolved ☐ Dismissed

**Original Decision Maker Notified:** ☐ Yes ☐ No **Date:** \_\_\_\_\_

**Notes:**

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## Appeal Process Information

**Filing Deadline:** Appeals must be filed within [X] days of receiving notice of the original decision.

**Review Process:**

1. Initial review for timeliness and completeness
2. Assignment to appeal panel/reviewer
3. Review of documentation and evidence
4. Hearing (if applicable)

5. Written decision issued

**Timeline:** You will receive acknowledgment of your appeal within [X] business days. A decision will be rendered within [X] days of filing.

**Contact Information:** [Appeals Office/Department Name]

[Address]

[Phone Number]

[Email Address]

**Confidentiality Notice:** This appeal will be handled with appropriate confidentiality. Information will only be shared with individuals who have a legitimate need to know in order to review and decide the appeal.