

<b>DOCUMENT TITLE</b>	<b>Sexual Violence and Misconduct Appeals Form</b>
<b>DOCUMENT NUMBER</b>	E-2.9.3
<b>NAME OF POLICY THE DOCUMENT SUPPORTS</b>	Sexual Violence and Misconduct Policy
<b>TYPE OF DOCUMENT</b>	Form
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<b>REPLACES (IF APPLICABLE)</b>	N/A
<b>LAST UPDATE OR AMENDMENT OR REVIEW DATE</b>	N/A
<b>POLICY HOLDER</b>	VP Student Experience
<b>RESPONSIBLE OPERATIONAL LEADER</b>	Director Student Affairs

## SEXUAL VIOLENCE AND MISCONDUCT APPEALS FORM

### PURPOSE

This form is to be used when a student wishes to appeal a Director's/designate's decision on a sexual violence and misconduct policy violation. To receive consideration, all requests must be:

Initiated within **ten (10) working days** of the Respondent being informed of the Outcome.

An Appeal must be made in writing to the Vice-President, Student Experience and provide all the following information:

- a. The Outcome which is being appealed;
- b. The grounds for the appeal (i.e why the Respondent believes the Appeal should be allowed);
- c. The Outcome which the Respondent is seeking and the reasons why;
- d. Any and all documentation and submissions relevant to the Respondent's Appeal.

Please refer to the [Sexual Violence and Misconduct Policy](#) and the [Sexual Violence and Misconduct Procedures](#) for details of both the process and the grounds for an appeal.

If appealing the President's decision of a suspension, please see [E-2.4.3](#)

### INFORMATION PROVIDED BY STUDENT

<b>STUDENT NAME</b>	
<b>STUDENT C#:</b>	
<b>PHONE #:</b>	
<b>EMAIL:</b>	
<b>SCHOOL/PROGRAM:</b>	

**What decision are you appealing? Please provide details.**

**Why are you appealing the Director's/Designate's decision? Please choose the applicable ground(s) for an appeal.**

A substantial procedural error has been made in the process;

Evidence, not reasonably available at the time the Outcome was determined is available and the new evidence may change the Outcome;

The Outcome imposed is unreasonable or excessive in all the circumstances.

Please provide details on why you believe you meet the ground(s) selected above.

**What outcome are you seeking and why? Please provide details.**

**BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING:**

- I have read the [Sexual Violence and Misconduct Policy](#) and the [Sexual Violence and Misconduct Procedure](#)  
[Appendix B: Key Definitions](#) and [Appeal of Suspension from College Process](#) to understand the Policy and its applicable processes.
- I have completed this form to the best of my ability. The information I provided above is accurate and complete.
- I have provided all supporting documentation that is relevant to this appeal request.

<b>STUDENT'S SIGNATURE:</b>	<b>DATE:</b>
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