



CENTRAL COLUMBIA

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NOTICE OF APPEAL TITLE IX WRITTEN DETERMINATION

Any Party choosing to appeal a Written Determination should submit this Appeal Form to the Title IX Coordinator, Christina Fish, electronically at cfish@ccsd.cc within 10 days following the issuance of a Written Determination. Parties are not required to file an Appeal.

Name of Appealing Party: _____ Email/Contact Address: _____

Name of Advocate(if any): _____ Email/Contact Address: _____

Title IX Complaint No. _____ Party Status (*select one*): ___Complainant ___Respondent

Date Appeal is being submitted: _____

Grounds Asserted for Appeal: (*Check all that are believed to apply*)

- _____ A procedural irregularity affected the outcome of the matter;
- _____ New evidence was not reasonably available at the time the determination regarding responsibility or dismissal was made, and could affect the outcome of the matter;
- _____ (*Check all that apply*)The ___Title IX Coordinator, ___Investigator(s), or ___Decision-Maker(s) had a conflict of interest or bias **for/in favor of:** ___Complainants generally ___Respondents generally, ___Complainant individually, or ___ Respondent individually, that affected the outcome of the matter.
- _____ (*Check all that apply*) The ___Title IX Coordinator, ___Investigator(s), or ___Decision-Maker(s) had a conflict of interest or bias **against/in disfavor of:** ___Complainants generally ___Respondents generally ___Complainant individually or___ Respondent individually, that affected the outcome of the matter.

Please provide below, or attach, a brief statement detailing the reason for the Appeal and the outcome or other aspect of the Written Determination that you are challenging.

Signature of Appealing Party_____

Date Signed_____

Important Instructions and Dates

After completing this Appeal Form you will have a **period of 10 school days from the date of its submission** to submit a Written Statement in support of your appeal to the Appeal Authority, Christina Fish, electronically at cfish@ccsd.cc or via hard copy addressed to 4777 Old Berwick Rd., Bloomsburg PA 17815 who will then share it with the Responding Party.

The Responding Party will be afforded the same opportunity to submit a Written Statement and any supporting evidence in opposition to the Appeal [*Insert No.*] 10 days following the party's receipt of your Written Statement. If you contend that certain evidence supports your appeal, the Written Statement must either attach that evidence or clearly identify where it may be located.