

POLICY ON GENDER-BASED AND SEXUAL VIOLENCE

APPEAL APPLICATION

An Appeal Application will not be accepted by the University Secretary unless the Application is complete and filed within the two week time limit specified in the Procedures to the Policy of Gender-Based and Sexual Violence (See Section 23.00 of the Procedures).

(Please type or print legibly)

NAME: _____

STUDENT NUMBER: _____

LOCAL ADDRESS:

PERMANENT ADDRESS:

Street

Street

City/Prov.

Postal Code

City/Prov.

Postal Code

Telephone: _____

Telephone: _____

I request that all correspondence be sent to my local address () my permanent address () my legal counsel ()

I can be contacted by electronic mail at the following e-mail address: _____

It is the appellant's responsibility to notify the University Secretariat immediately of any change to the above information.

I hereby appeal the decision of: _____

Sanction: _____

DETAILS OF THE APPEAL

GROUND FOR APPEAL:

Note: Appeals to the Adjudicator must be based on one or more of the grounds set out in Section 26.00 of the Procedures to the Policy on Gender-Based and Sexual Violence.

(Check all of the following that apply)

_____ New evidence not available at the time of the earlier decision has been discovered, which casts doubt on the correctness of the decision;

_____ There was a serious procedural error(s) in the hearing of the complaint which was prejudicial to the Appellant;

_____ The decision of the Associate Vice-President (Student Experience)* of whether Gender-Based and Sexual Violence occurred was unreasonable or unsupportable on the evidence; or

_____ The sanction imposed by the Associate Vice-President (Student Experience) was unreasonable or unsupportable on the evidence.

* References to Associate Vice-President (Student Experience) in this document means Associate Vice-President (Student Experience) or their designate.

EXPLAIN GROUNDS FOR APPEAL IN DETAIL: (Do not leave blank. Add additional pages as needed to fully explain your grounds of appeal.)

Note: You must also enclose a copy of the decision you are appealing and all other relevant documentation in support of your appeal. If the ground for appeal is new evidence, the new evidence must be described clearly, including the names of any witnesses and you must identify why such evidence was not available at the time of the earlier decision.

OUTCOME SOUGHT: (Do not leave blank)

LEGAL COUNSEL: If you have retained legal counsel, complete the following:

Name of Legal Counsel: _____

Name of Firm (if applicable): _____

Address: _____

Telephone: _____ E-mail address: _____

DOCUMENTATION

An incomplete Appeal Application will not be accepted by the University Secretary. A copy of the decision being appealed and all relevant documentation in support of the appeal must be attached to the Appeal Application. The Appeal Application must contain the grounds for the appeal, the outcome sought, and a full statement supporting the grounds for the appeal. A completed Appeal Application must be received in the University Secretariat (address below) within two weeks after the issuance of the Associate Vice-President (Student Experience)'s decision which is being appealed.

The University Secretary will provide the Associate Vice-President (Student Experience) with a copy of the Appeal Application and attachments. The Associate Vice-President (Student Experience) must file a written response within 10 days. The Appellant shall be provided the response and given an opportunity to file a reply within 10 days of receipt of the Associate Vice-President (Student Experience)'s response.

* Appeals are heard by an adjudicator. A list of the current adjudicators is available from the University Secretariat.

SIGNATURE

I confirm that I have fully completed this Appeal Application and have attached all documentation that is relevant to my appeal.

_____ Date

_____ Signature

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The University of Western Ontario
London, Ontario N6A 5B8
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E-mail: czuk3@uwo.ca