

<b>DOCUMENT TITLE</b>	Sexual Violence Appeals Form
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<b>NAME OF POLICY THE DOCUMENT SUPPORTS</b>	<a href="#">Sexual Violence Policy</a>
<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>	May 2024
<b>POLICY HOLDER</b>	Provost and Vice President Education & Innovation
<b>RESPONSIBLE OPERATIONAL LEADER</b>	Director Student Affairs

## SEXUAL VIOLENCE 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 Policy violation. To receive consideration, all requests must be:

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

An Appeal must be made in writing to the Provost and Vice President Education & Innovation and provide all the following information:

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

Submit this form to: [studentappeals@camosun.ca](mailto:studentappeals@camosun.ca)

If appealing the President's decision of a suspension, please see [G-1.7.1 Appeal of Suspension from College Process](#)

### 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 Policy](#), the Procedures to Address Sexual Violence, 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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