

Discrimination/Harassment/Retaliation/Sexual Misconduct RECONSIDERATION FORM

Pursuant to NDSU Policy 156, Discrimination, Harassment, and Retaliation Complaint Procedures, Section 6.1, the Reporting Party may submit a request for reconsideration to a discrimination, harassment, retaliation, and/or sexual misconduct complaint that is dismissed. The request for reconsideration must be submitted within 3 business days of receipt of the dismissal. For more information, please see NDSU Policy 156, Discrimination, Harassment, and Retaliation Complaint Procedures.

To appeal the complaint dismissal, please fill in the information below to the best of your ability and attach additional pages to this form as needed. If you need help completing this form, the Equal Opportunity and Title IX Compliance Office can facilitate finding a resource to assist you with completion of the form. Please submit the appeal form in person or via email to:

Equal Opportunity and
Title IX Compliance Office
Old Main 201
NDSU Main Campus
701-231-7708
ndsu.eoaa@ndsu.edu

Name:	
Address:	
Email Address:	
Phone Number:	
B. REASON FOR REQUEST FOR RECONSIDERATION (please check all that apply):	
☐ Additional documentation or information that supplements the original complaint;	
☐ Other	
C. EXPLANATION OF REQUEST FOR RECONSIDERATION:	
Based on the reason(s) for reconsideration marked above, please explain why the complaint d	ismissal
should be reconsidered.	
To the best of my knowledge and belief, the information I have provided is true, accurate, and complete.	
Signature	Date
FOR UNIVERSITY USE ONLY:	
Date form received: By whom: ☐ In person ☐ By email	
Deadline:	

Updated 07/17/23