

# Judiciary Appeal Form

Complainant Name:

Date:

Address

City

State

Zip

Phone:

Cell:

E-mail:

Type of appeal:

Election

Appeal of student organization decision

ASBSU issue (FAB issue, committee decision, etc)

Other, specify

Grounds for appeal:

New witness or evidence

Other:

If election, grounds for appeal  
(Mark all that are applicable)

1. Sanction was unreasonable
2. The Hearing Officer was biased
3. The Hearing Officer misinterpreted ASBSU Code
4. New witness or evidence
5. Case number (if any):

Attach copy of the original complaint and the decision.

A. State the decision you are appealing.

B. State all sections of the Boise State policy, ASBSU Constitution, ASBSU Code or Student Organization Constitution you believe are relevant to this appeal.

C. Complainant's rational for why this decision should be reversed/alterd.

Complainant Signature: \_\_\_\_\_

Date: