

SEXUAL HARASSMENT UNDER TITLE IX
(Notice of Appeal)

Name(s) of Complainant(s): _____

Name(s) of Respondent(s): _____

Date: _____

On _____ [date appeal was filed], the [complainant/respondent] filed an appeal of the decision regarding responsibility that was issued on _____ [date of decision]. A copy of the appeal is attached.

The district has appointed _____
[name and title of decision-maker on appeal] to make a determination as to whether, based on the preponderance of the evidence, sexual harassment occurred.

Both parties are entitled to submit a written statement in support of or challenging the appeal. Those statements are due to the decision-maker no later than _____ [date no later than five business days after receipt of the notice]. Please submit the written statement electronically at:

Email address: _____

or

Address: _____

Unless the deadline is extended for good cause, a final decision on this appeal will be made by _____ [date ten business days after this notice of appeal]. You will be notified if this deadline is extended.

Title IX Coordinator's Signature

Title IX Coordinator's Printed Name

Implemented:

Revised:

«AddressLine»