FILE: ACA-AF9 Critical

SEXUAL HARASSMENT UNDER TITLE IX (Decision on Appeal)

| Name(s) of Complainant(s): |
|--|
| Name(s) of Respondent(s): |
| |
| Date: |
| On [date], an appeal was filed to the determination of responsibility of sexual harassment under Title IX. |
| Issues on Appeal (list the reasons the appeal was filed): |
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| |
| Final Decision |
| After reviewing the information provided by both parties, I/we have made the following decision [explain the result of the appeal and the rationale for the decision or, if necessary, write out the full decision separately and attach it to the form and incorporate by reference]: |
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| This decision is final. | |
| Signature of Decision-Maker of Appeal | |
| Printed Name of Decision-Maker of Appeal | |
| Implemented: | |
| Revised: | |
| «AddressLine» | |

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