LETTER – NOTIFICATION OF INITIAL DETERMINATION RESPONSIBILITY & APPEAL RIGHTS

INSTRUCTIONS FOR **INITIAL DECISION MAKER:** USE THIS LETTER TO FORWARD TO EACH PARTY (COPYING THEIR PARTY ADVISORS, IF ANY) YOUR WRITTEN INITIAL DETERMINATION OF RESPONSIBILITY AND INFORMATION ABOUT APPEAL RIGHTS.

AS REQUIRED BY **POLICY SECTION IV.F.5. SEND INDIVIDUALIZED LETTERS TO EACH PARTY AND COPY THEIR PARTY ADVISOR (IF ANY)**

Be sure to read this entire letter and make the appropriate text selections where indicated in [BRACKETS]

**[INSERT HERE DATE OF LETTER OR EMAIL]**

**[INSERT METHOD OF DELIVERY: FIRST CLASS MAIL OR EMAIL]**

COMPLAINANT/RESPONDENT NAME

ADDRESS

EMAIL ADDRESS:

RE: Notification of Initial Decision of Responsibility & Appeal Rights

DEAR [INSERT PARTY NAME HERE]:

I am writing to you in my role as Initial Decision Maker to forward to you a copy of my Initial Decision of Responsibility regarding the Formal Complaint of Sexual Harassment in which you are a [CHOOSE: Complainant /Respondent]. (Enclosure)

This is an Initial Decision of Responsibility and is subject to appeal. If no appeal is timely taken, on the date upon which the time to seek an appeal expires the decision will become final, and identified thereafter as the Title IX Sexual Harassment Final Decision.

Either party may appeal an Initial Determination of Responsibility by notifying the Superintendent in writing (“written appeal”), with a copy to the Title IX Coordinator. Please know that under the Policy for the Prevention of Sexual Harassment Prohibited by Title IX, a Party may only appeal an Initial Determination of Responsibility based upon one or more of the following grounds:

a. Procedural irregularity that affected the outcome of the matter;

b. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter; or

c. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affected the outcome of the matter.

If you wish to seek an appeal, for your convenience I have attached a Form titled “Appeal Request.” (Enclosure) Please note that if you choose to appeal you must file your notice of appeal with the Superintendent in writing, with a copy to the Title IX Coordinator, no later than [**INSERT DEADLINE DATE which MUST PROVIDE THEM AT LEAST 10 DAYS FROM THE ANTICIPATED DATE OF RECEIPT OF YOUR LETTER BY THE RECIPIENT].**

This concludes my responsibilities in this matter. If you have questions about any of the above please contact the Title IX Coordinator [provide their name and contact information]. Thank you for your cooperation throughout this process.

Sincerely,

Initial Decision Maker

Enclosures: Initial Determination Regarding Responsibility; Form – Appeal Request

Cc: Superintendent (with enclosures)

Title IX Coordinator (with enclosures)

Party Advisor (if any)