

Exhibit 6

Notice of Appeal

[This illustrates one proper form for filing a notice of appeal. This may be used by a Complainant in response to a summary dismissal or by a Complainant or Respondent in response to a determination of responsibility.]

Date: _____

From: _____
[Name and Contact information of party filing the appeal]

To: _____
[Name, Title, and Contact information of Decision Maker]

To Whom it May Concern:

I am appealing the (check one) ☐ Summary Dismissal ☐ Determination of Responsibility in this matter dated _____. I believe (check appropriate boxes and summarize details, if desired):

☐ A procedural irregularity affected the outcome of the matter. Describe (optional):

☐ I have new evidence not available as of the date of this decision that could have affected the outcome of this matter. Describe (optional): _____

☐ The (check as appropriate ☐ Investigator or ☐ Decision Maker was biased against me or biased against all persons in my position. Describe (optional): _____

/s/ [Complainant or Respondent]