

HARASSMENT/HAZING/BULLYING FORMAL COMPLAINT APPEAL FORM

Name and position/grade/school of complainant _____

Date of appeal _____

Date of original complaint _____

Have there been any prior appeals? _____ If yes, when? _____

To whom? _____

Description of decision being appealed _____

Reason(s) for dissatisfaction with the decision _____

Remedy sought? _____

Signature of Complainant _____ Date _____

Signature of District Compliance Officer _____ Date _____