

PROHIBITION AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION
(Appeal Form)

To Be Completed by Grievant Appealing a Prior Decision
Attach additional sheets if necessary.

Name of Grievant: _____ / _____ / _____

Address: _____

Phone Number(s): _____

School (if applicable): _____

Relationship to the District: Student Parent/Guardian Employee Other _____

This is an appeal of the findings and conclusions at the following level:

Level I Compliance Officer/Investigator

Level II Superintendent/Designee

I disagree with these conclusions because: _____

List any additional information not previously provided to the district. _____

Attach copies of the original grievance form and all lower-level findings and conclusions.

Signature of Grievant

Date

For Office Use Only: Date Appeal Filed: _____

FILE: AC-AF6
Critical

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 08-06-2006

Revised:

Tri-County R-VII School District; Jamesport, MO