SEXUAL HARASSMENT
APPEAL TO THE SUPERINTENDENT

I/We appeal the Decision-Maker's decision for the following reason(s): (With specificity, Complainant should state how or why the Complainant believes the Decision-Maker's decision is wrong):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Attach a copy of the Sexual Harassment Report and the Decision-Maker's decision.

_____ _____
Date Complainant

_____ _____
Date Superintendent

Policy:
Adopted: 11/13/2023