Appeals Form

Appellant Information:

Name of person making appeal: _____

Student's name & relationship to appellant (if applicable): _____

School/Work site: _____

Email address: _____

Phone numbers: _____ (Daytime) _____ (Evening)

Date of submission of this appeal: _____

Date of the decision that this appeal concerns: _____

Person and position to whom this appeal is submitted: _____

Is this an appeal to a higher level, based on an earlier appeal?_____ (yes/no)

Please describe the incident in question, with as much detail as possible, indicating the decision made, who made it, why you are not satisfied with the decision, and the outcome that you would like to see. Please attach all relevant information and/or forms related to this appeal.

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