

STUDENT SERVICES RIGHTS AND RESPONSIBILITIES

Rights & Responsibilities

BULLYING

APPEAL TO COMPLAINT RESPONSE

Name: _____ Date Filed: _____

Address: _____ City/Zip: _____

Home Phone: _____ Other Phone: _____ Email: _____

Attach additional pages if necessary

I wish to file an appeal regarding the response to my complaint against *(person(s))*:

Location: _____ Date of incident: _____

Please specify the nature of your complaint and list specifics of *what, when, where, how* and *who was there* and give any new information since the initial complaint:

Names and addresses and/or other contact information for witnesses or persons who can provide more information regarding this complaint:

Suggestions for an appropriate remedy or resolution of this complaint:

I certify under penalty of perjury that the foregoing statements and attachments are true and correct.

Date: _____ Signature of Complainant: _____

Please file this appeal with the Associate Superintendent, School Leadership or designee. Attach a copy of the original complaint and the response.