

HARASSMENT COMPLAINT - APPEAL FORM

Name of appealing party:

Position of appealing party:

Date of appeal:

Have there been any prior appeals?

To whom:

Description of decision being appealed: _____

Why is the decision being appealed? _____

I understand that I am appealing the superintendent's decision to the school board. By doing so, I understand that I am stating that the information uncovered in the investigation does not accurately reflect the truth. I understand that it is my responsibility as the appealing party to provide competent evidence to overturn the superintendent's decision. I shall keep all knowledge of the incident, investigation and appeal confidential.

I realize that if I break confidentiality or fail to truthfully and accurately disclose information, I may be subject to discipline up to and including discharge.

Signature: _____ Date: _____

Form 405.0813

MAQUOKETA VALLEY COMMUNITY SCHOOL DISTRICT
DELHI, IOWA 52223