

SEXUAL HARASSMENT COMPLAINT APPEAL FORM

NAME: _____

POSITION OF COMPLAINANT: _____

ADDRESS: _____

PHONE: _____ DATE OF COMPLAINT: _____

DATE OF ORIGINAL COMPLAINT: _____

HAVE THERE BEEN ANY PRIOR APPEALS? _____

IF YES, WHEN? TO WHOM? _____

DESCRIPTION OF DECISION BEING APPEALED: _____

WHY IS DECISION BEING APPEALED? _____

SIGNATURE

RECEIVED BY: _____

DATE: _____