

CHEEKTOWAGA CENTRAL SCHOOL DISTRICT
SEXUAL HARASSMENT – STEP 3 APPEAL FORM FOR STUDENT/PARENT USE

TO: Superintendent of Schools

Name and date of birth of Student who may have been subjected to sexual harassment (Complainant):

Date Original Complaint Filed _____

Have There Been Any Prior Appeals Filed Related to this Complaint? Yes No

If Yes, When and to Whom? _____

Describe the Decision Being Appealed and Why _____

(Attach additional sheets if necessary.)

Date

Signature of Complainant or Parent

[Date received by Superintendent of Schools: / / Superintendent's Initials: _____]