

**PROHIBITION AGAINST ILLEGAL DISCRIMINATION AND HARASSMENT**  
*(Appeal Form)*

**To Be Completed by Grievant Appealing a Prior Decision**  
**Attach additional sheets if necessary.**

Name of Grievant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
School (if applicable): \_\_\_\_\_  
Relationship to the District:  Student  Parent/Guardian  Employee  Other \_\_\_\_\_

This is an appeal of the findings and conclusions at the following level:

- Level I B Compliance Officer/Investigator
- Level II B Superintendent/Designee

I disagree with these conclusions because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional information not previously provided to the district. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach copies of the original grievance form and all lower-level findings and conclusions.

\_\_\_\_\_  
Signature of Grievant \_\_\_\_\_  
Date

*For Office Use Only: Date Appeal Filed:* \_\_\_\_\_

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FILE: AC-AF6  
Critical

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: October 17, 2007

Revised:

Boonville R-I School District, Boonville, Missouri