

COMPLAINT RESOLUTION APPEAL FORM

(if applicable)

NAME OF COMPLAINANT

DATE APPEAL FILED

DATE ORIGINAL COMPLAINT FILED

Briefly describe your original complaint. What was the suggested resolution (decision)?

Four horizontal lines for text entry.

Why is the decision being appealed?

Four horizontal lines for text entry.

Remedy or outcome sought by this appeal:

Three horizontal lines for text entry.

Have there been any prior appeals filed related to this complaint?  No  Yes—When and to whom?

Three horizontal lines for text entry.

SIGNATURE OF COMPLAINANT

DATE SUBMITTED

Once completed, employees, prospective employees and students should forward this form to the District Civil Rights Compliance Office, 17 Berkley Drive Rye Brook, NY 10573 or email [ComplianceOfficer@swboces.org](mailto:ComplianceOfficer@swboces.org).