

**SEXUAL HARASSMENT COMPLAINT-APPEAL FORM**

Name and position of complainant: \_\_\_\_\_

Date of appeal: \_\_\_\_\_

Date of original complaint: \_\_\_\_\_

Have there been any prior appeals: \_\_\_\_\_

If yes, when?: \_\_\_\_\_

To whom?: \_\_\_\_\_

Description of decision being appealed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why is the decision being appealed?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_