

**SEXUAL HARASSMENT  
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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_