



DIGNITY FOR ALL STUDENTS ACT APPEAL FORM

If you disagree with the determination of the District following investigation into a DASA report, you may appeal this complaint **within 5 days of the date of the determination and letter of findings** by submitting a **written appeal** to the Superintendent of Schools. You may use this form, or generate a letter of appeal. Be sure to indicate the name of the person appealing, their relationship to the Complainant, mailing address and contact information, the date of the complaint and determination being appealed, and identify the aspects of the decision being appealed, the basis for the dispute, and what is being sought through the appeal. If the complaint involves the Superintendent, the appeal may be filed with or referred to the Board President through the District Clerk, who will arrange for an independent review. The Superintendent or Board will conduct a prompt review, and issue a written determination of the results of the appeal, within 10 days following receipt of the appeal. If additional time is needed to complete the review process, or to take appropriate action, the reviewer will notify you of the extension of time, in writing, and the review will be completed as soon as possible thereafter. If the parents/guardians are not satisfied with the Superintendent's decision, they must file a written appeal to the Board of Education with the District Clerk within ten (10) business days of the date of the Superintendent's decision, unless they can show extraordinary circumstances precluding them from doing so. Only final decisions of the Board may be appealed to the Commissioner within thirty (30) days of the decision.

Person Filing the Appeal (print): _____ **Complainant/Student Name:** _____

Relationship to Complainant: Self Parent Other _____

Mailing Address/Contact information: _____

Phone: _____ **Alternate phone:** _____ **E-mail:** _____

Date of Determination being Appealed: _____

*** Appeal must be filed within 5 days from the date of the underlying determination- if you appeal after that deadline, absent good cause, the appeal will be dismissed as untimely***

What aspects of the decision are you appealing?

Why are you disputing the determination?

What outcome are you hoping to achieve?

Signature: _____ **Date:** _____

For District Completion Only- **Date received by District:** _____