

Miller Place Union Free School District
Miller Place, New York 11764
Board of Education Policy

5020.2.E.2

NON-DISCRIMINATION AND EQUAL OPPORTUNITY APPEAL FORM

Name and title/position, if applicable 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? _____

Signature of Complainant _____

Signature of Parent and/or guardian, if applicable _____

Adopted: 04/26/2017

Reviewed: 03/29/2023

Revised: 04/26/2023