

DISCRIMINATION/HARASSMENT COMPLAINT APPEAL DECSION FORM

(To be Completed by District Personnel)

Decision of Compliance Officer and Action Taken: _____

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Action Taken by District Superintendent: _____

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Action Taken by Board of Education: _____

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Other Comments: _____

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Date: _____ Signature of Compliance Officer: _____

Date: _____ Signature of District Superintendent: _____