

Miller Place Union Free School District

Miller Place, New York 11764

5020.5.E.2

Board of Education Policy

**STUDENT HARASSMENT AND BULLYING PREVENTION AND INTERVENTION
COMPLAINT APPEAL FORM**

Name and title 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: 06/23/2010

Reviewed: 03/29/2017 04/25/2015 04/23/2025

Revised: 04/26/2017 05/30/2018 05/28/2025