



# Montclair Public Schools APPEAL FORM

**From:** \_\_\_\_\_  Complainant  Accused  
**To:** \_\_\_\_\_, Montclair School District Superintendent  
**Date of Incident:** \_\_\_\_\_

Discrimination on the basis of:	<input type="checkbox"/> Race / Color	<input type="checkbox"/> National / Ethnic Origin	<input type="checkbox"/> Age
	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Sexual Harassment
	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Disability	<input type="checkbox"/> Other:
	<input type="checkbox"/> Religion	<input type="checkbox"/> Creed	

**Reason for dissatisfaction with the decision of the Affirmative Action Officer:**

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**Requested Relief:**

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Kindly submit a copy of your initial Written Statement and a copy of the Affirmative Action Officer's letter with your Appeal Form.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date

**DISTRICT POLICY AND STATE LAW PROHIBITS RETALIATION AGAINST ALL PARTICIPANTS.**