

COMPLAINT RESOLUTION APPEAL FORM

Person filing appeal _____

Date of appeal _____

Date of original complaint _____

List prior appeals, if any _____

Description of decision being appealed _____

Describe why decision is being appealed (attach additional pages if necessary).

Requested action to be taken _____

Appellant Signature _____

_____ Date

Received by _____

_____ Date

Adoption date: February 12, 2008