

BULLYING/HARASSMENT INVESTIGATION DETERMINATION APPEAL

As per Raymond School District Policy JICDA
Student Safety and Violence Prevention - Bullying and Cyberbullying
Section XV, Appeal

Please complete this form and submit to the Superintendent's Office.

Student Name: _____

Incident Date: _____ Student Grade: _____

Parent/Guardian Name(s): _____

Parent/Guardian Contact Information:

Address _____

Phone (H) _____

Phone (C) _____

Email _____

**The outcome of any bullying/harassment appeal will not add or reduce discipline, in accordance with Ed 317 (Standards and Procedures for Suspension and Expulsion of Pupils Including Procedures Assuring Due Process).*

Please state the reason(s) why you are aggrieved.
(How/why is the decision incorrect and/or how does it adversely impact your child?)

What is the nature of relief you seek?
(What do you want the District to do to address the situation?)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date