

SUPPORTIVE MEASURES APPEAL FORM

During the process of an investigation of discrimination, anyone who is provided supportive measures may utilize an appeal to challenge the decision to provide, deny, modify, or terminate supportive measures applicable to themselves.

CASE INFORMATION

Case Number: _____

Name: _____

Date: _____

Supportive Measure(s) to be Challenged: _____

This Request is to:

Modify Re-Request Newly Provide Terminate the Above-Challenged Supportive Measure

Please describe the basis for your appeal.

Signature

Date

This appeal must be submitted to the appropriate District Official who is handling the complaint. Once an appeal is received, an impartial employee with the ability to modify or reverse the original decision for supportive measures will render a decision within 2 district business days.

