

**Rotterdam-Mohonasen Central School District**  
**DIGNITY FOR ALL STUDENTS ACT (DASA) APPEAL FORM**

*If you disagree with the determination of the District following investigation into a DASA report, you may appeal this complaint **within 30 days of the date of the determination and letter of findings** by submitting a **written appeal** to the Superintendent of Schools. You may use this form, or generate your own letter of appeal. Be sure to indicate the name of the person appealing, their relationship to the Complainant, mailing address and contact information, the date of the complaint and determination being appealed, and identify the aspects of the decision being appealed, the basis for the dispute, and what is being sought through the appeal. If the complaint involves the Superintendent, the appeal may be filed with or referred to the Board President through the District Clerk, who will arrange for an independent review. A prompt review will be conducted and a written determination of the results of the appeal will be issued within 45 days. If additional time is needed to complete the review process, or to take appropriate action, the reviewer will notify you of the extension of time, in writing, and the review will be completed as soon as possible thereafter.*

**Person Filing the Appeal** (print): \_\_\_\_\_ **Complainant/Student Name:** \_\_\_\_\_

**Relationship to Complainant:**  Self     Parent     Other \_\_\_\_\_

**Mailing Address/Contact information:** \_\_\_\_\_

**Phone:** \_\_\_\_\_    **E-mail:** \_\_\_\_\_

**Date of Determination being Appealed:** \_\_\_\_\_

*\*\*\* Appeal must be filed within 30 days from the date of the underlying determination- if you appeal after that deadline, absent good cause, the appeal will be dismissed as untimely\*\*\**

**What aspects of the decision are you appealing?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you disputing the determination?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What outcome are you hoping to achieve?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

*For District Completion Only- Date received by District:* \_\_\_\_\_