Document Type: Number: Effective: Revised: Legal Reference:	Exhibit 1.03f 07-13-09 08-01-14 I.C. § 67-5901 20 U.S.C. § 1703 29 U.S.C. § 794 38 U.S.C. § 4211 42 U.S.C. § 2000
	42 U.S.C. § 2000 42 U.S.C. § 12101

EQUAL EMPLOYMENT OPPORTUNITY

Appeal Form

Directions: If the complainant or respondent is dissatisfied with the resolution of the discrimination/harassment matter, the employee may within five (5) work days of receiving the resolution letter, file a formal appeal with Human Resources using this form. Please see the Equal Employment Regulation for a full description of the appeal process. The formal appeal shall include a copy of the original complaint and resolution. Attach additional sheets as necessary.

Employee Name	Position
Work Location	_Employee Representative(If applicable)
Immediate Supervisor	
Date of original complaint	Date resolution received
Brief summary of original complain	nt and resolution
Statement of why the employee disagrees with the resolution	

Explain how the alleged harassment and/or discrimination is or is not based on the employee's race, color, religion, gender, age, national origin, sexual orientation, gender identity, disability, or veteran status.

Remedy Sought	
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Employee Signature	Date