GRIEVANCE APPEAL FORM

This form is to be completed by students who have a complaint, grievance or issue that has not been previously resolved within the School’s Complaints and Appeals Policy. Students will be advised of the outcome within 10 working days following lodgment of this form.

Student’s Name: __________________________________________________

Grade/Program/ Section: ___________________________________________

Date of Grievance Appeal: __________________________________________

Brief Outline of Grievance or Concern:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Supporting Evidence

1. Medical Certificate Attached    ☐ Yes    ☐ No
2. Parental Note Attached         ☐ Yes    ☐ No
3. Other Supporting Evidence Also Attached    ☐ Yes    ☐ No

Student’s Signature: _____________________         Date: ____________________________

Parent/Guardian Signature: _______________ Date: ______________ ______________

Appeal Outcome
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

HD’s Signature: ________________________________________________________________