

Complaint and Appeals form

PRIVATE & CONFIDENTIAL

Student Name:

Student ID:

Date of Birth:

Address:

Contact No.:

Email ID:

Complaint

Appeal

Please describe the nature and details of Complaint or Appeal (including dates, times and other people involved, Use additional sheet if required)

Signed

Date

Office use only

Received by

Date

Discussions record (to be completed by the school officer conducting the meeting)

Recommendation and Outcome

Signed by the meeting chair

Date

Did the complainant/appellant agree with the recommendations

Yes

No

If not complainant / appellant not satisfied with the outcome, external agency referred

Yes

No

Details of the external agency/counsellor

Complainant/appellant signature

Date
