

Grievance/Appeal

(Do NOT use this form for assessment appeals)

s this a COMPLAINT or an APPEAL ?		Date:
COMPLAINANT DETAILS		
MR MISS MRS MS		Student ID
amily Name	Given Name	25
ARENT/GUARDIAN (if under 18)		
ame		
elationship		Phone
RIEVANCE		
your grievance against 🗌 A STUDENT 🗌	A STAFF MEMBER 🗌 INTER	SKILLS (eg a policy or procedure)
ease indicate the nature of this grievance: CODE OF CONDUCT OTHER:		ABUSE (PHYSICAL OR VERBAL)
PPEAL		
lease indicate the nature of this appeal: OUTCOME OF A GRIEVANCE OTHER:		DISMISSAL
DETAILS		
Attach any	y documents to this form which	support your claim.
IGNATURE(S)		
Complainant's ignature	Parent / Guardian Signature	Date
	OFFICE USE ONLY:	By (inits)
TO Manager Inits:		Receipt Date:
rievance Form v1.1.docx		1