



COMPLAINTS/APPEAL FORM

This form is to be filled out by the Complainant and submit to Student Services. The Principal (PEO) will review the application.

For Office Use Only

Note: Please attach the completed form with any other supporting evidence and submit it to the Principal within 24 hours

| | |
|--|--|
| Follow up Complaints and Assessment Appeal Register (CAAR): <input type="checkbox"/> Yes <input type="checkbox"/> No | The Decision of Appeal: |
| Allocated CAAR No.: | |
| Date CAAR Raised: | |
| Complaints/Appeal Received by the Principal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Signature of the Principal: _____ Date: _____ |