

Appeals Form

Person Making Appeal (Appellant):
Course:
Address:
Postcode Ph / Mobile
Details of Appeal (Complete wherever applicable. If not applicable write 'N/A')
Date:Time: Location:
Persons Involved (Other than the person notifying):
Details of Appeal (If the appeal relates to an event, please detail it step-by-step)



Other relevant information
What, if any, particular response or action do you seek or expect?
What initial action is proposed by The Academy and would be acceptable to the client to resolve the appeal?
(If no mutually acceptable action to resolve the complaint can be agreed write 'No Agreement')



The above Statement of Details is a fair and accurate record of our interview.

Appellant
(Signature)
The Academy Representative:(Signature)
Date:
The above action proposed to resolve the appeal is approved.
Authorised Officer:(Signature)
Position:
Date: