

7.1.8.4 Complaint Appeal Form

ST. CLAIR COLLEGE OF APPLIED ARTS AND TECHNOLOGY

COMPLAINT APPEAL***

(to be completed by Appellant – PLEASE PRINT)

APPELLANT (Individual Requesting Appeal)

(please check one)

- Student, Administrator, Faculty Member, Support Staff, Other

Last Name, First Name, Middle name, Student No. (if applicable)

Street, City/Town, Postal Code, Telephone #

DECISION/PENALTY BEING APPEALED

Please provide brief description of complaint, what and whose decision is being appealed and why you feel the decision/penalty is unjust

Multiple horizontal lines for text entry.

REMEDY REQUESTED

Multiple horizontal lines for text entry.

SIGNATURE: _____ (Appellant) _____ (Date)

***THIS FORM IS NOT USED FOR ACADEMIC GRADE APPEALS. FOR ACADEMIC GRADE APPEALS, PLEASE REFER TO THE ACADEMIC GRADE APPEAL PROCEDURE.

APPEAL – STAGE ONE

Stage One Appeal includes discussing the decision/penalty being appealed with the immediate supervisor of the original decision-maker.

Received by IMMEDIATE SUPERVISOR: _____ Date: _____

Copies to: _____ Date: _____

ACTION/RESPONSE TO APPEAL (including reasons for appeal decision): _____

SIGNATURE: _____
(Original Decision-Maker) (Date)

APPELLANT: I accept the above appeal decision
 I do **not** accept the above appeal decision and request Stage Two Mediation/Conduct Appeal Hearing

SIGNATURE: _____
(Appellant) (Date)

APPEAL – STAGE TWO

Received by VICE PRESIDENT, ACADEMIC: _____

Date: _____

Appointment of Mediator (name): _____ Date: _____

Appointment of Conduct Appeal Committee Date: _____