

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

Horizontal lines for text entry.

REMEDY REQUESTED

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.

